RI SOS Filing Number: 202328383500 Date: 2/8/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

FEB 0 8 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact na	2. Exact name of the Corporation					
000010191	•	GEMMA LAW ASSOCIATES, INC					
3. Principal Office Address	<u> </u>		City		State	17in	
231 RESERVOIR AVENUE			PROVID		RI	Zip 02907	
4. NAICS Code		Brief description of the character of business conducted in Rhode Island					
541110	LAW OF	FICE					
5. State of Incorporation							
RHODE ISLAND	1						
7. List ALL officers (names and	addresses)			Ch	eck the box to ind	cate an attachment	
President Name PETER GEMMA			Vice-President Name MARK GEMMA				
Street Address 15 WILDFLO	Street Address 1 WAYLAND AVE, UNIT 311-N						
City BARRINGTON	State RI	^{Zip} 02806		/IDENCE	State RI	^{Zip} 02906	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	daddresses)		·	Chi	eck the box to indi	cate an attachment	
Director Name			Director Nam	е	<u> </u>	octo dii dilacimient	
Street Address			Street Address				
			Olifeit Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	17:0	0.1				
<u>, </u>	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Che	Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SF.	RIES	PAR VALUE	
		1000					
Changes require an additional filir	ıg.						
11. This report must be executed	on behalf of the	Cornoration by an a	uthorized conce				
THE PROPERTY OF THE PROPERTY O	olga on benan or	THE CHINCHION DV I	THE PACESTAL AP 14	tiictoo			
viluer penalty of perjury, I dec	lare and affirm t	hat i have examine	ed this report i	ncluding any acc	ompanying sche	dules and	
Name of Authorized Representative					Date		
PETER GEMMA			02/01/2023				
Signature of Authorized Represe	ntative			· · · · · · · · · · · · · · · · · · ·			
your W. Km							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021