



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 27 AM 39

1. Entity ID Number 001739778		2. Exact name of the Corporation Lyons Law, P.C.			
3. Principal Office Address 112 Almy Ave			City Warren	State RI	Zip 02885
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Zachary K. Lyons			Vice-President Name		
Street Address 112 Almy Ave			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Zachary K Lyons			Treasurer Name		
Street Address 112 Almy Ave			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Zachary K Lyons			Director Name		
Street Address 112 Almy Ave			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			0	STK	0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Zachary K Lyons				Date 04/27/2023	
Signature of Authorized Representative 					

FILED

APR 27 2023
BY ML 1063