



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

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

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| 1. Entity ID Number 000010191 | | 2. Exact name of the Corporation GEMMA LAW ASSOCIATES, INC | | | |
| 3. Principal Office Address 231 RESERVOIR AVENUE | | | City PROVIDENCE | State RI | Zip 02907 |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island LAW OFFICE | | | |
| 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 PETER GEMMA | | | Vice-President Name MARK GEMMA | | |
| Street Address 15 WILDFLOWER ROAD | | | Street Address 1 WAYLAND AVE, UNIT 311-N | | |
| City BARRINGTON | State RI | Zip 02806 | City PROVIDENCE | State RI | Zip 02906 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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 fill.g. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES 1000 | CLASS/SERIES | PAR VALUE | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative PETER GEMMA | | | | Date 02/01/2024 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov