



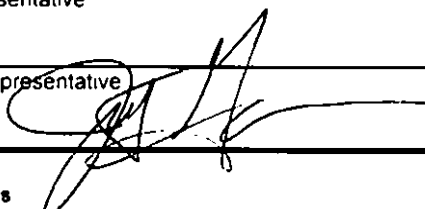
State of Rhode Island
Department of State - Business Services Division

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

FILED STAMP
FEB 12 2024
BY gjay

1. Entity ID Number 000160244		2. Exact name of the Corporation Gannon Bailey & Votolato PC			
3. Principal Office Address 700 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Attorney Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John T. Gannon			Vice-President Name Joel J. Votolato		
Street Address 700 Narragansett Park Drive			Street Address 700 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Lauren Bailey			Treasurer Name		
Street Address 700 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John T. Gannon			Director Name Joel J. Votolato		
Street Address 700 Narragansett Park Drive			Street Address 700 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Lauren Bailey			Director Name		
Street Address 700 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	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
		100	Common	.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 John T. Gannon					Date 2/10/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov