



**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
MAR 04 2024
BY *118030*

1. Entity ID Number 99080		2. Exact name of the Corporation Mal A. Salvadore, Ltd.			
3. Principal Office Address 400 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To engage in and render professional services as an attorney at 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 Mal A. Salvadore			Vice-President Name Mal A. Salvadore		
Street Address 400 Reservoir Avenue			Street Address 400 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Mal A. Salvadore			Treasurer Name Mal A. Savadore		
Street Address 400 Reservoir Avenue			Street Address 400 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mal A. Salvadore			Director Name		
Street Address 400 Reservoir Avenue			Street Address		
City Providence	State RI	Zip 02907	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
			100		PAR VALUE
			Common		No 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. 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 Mal A. Salvadore					Date 2/27/2024
Signature of Authorized Representative <i>Mal A. Salvadore</i>					

MAIL TO:
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Website: www.sos.ri.gov