



**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 07 2024
BY *[Signature]*

1. Entity ID Number 000128339		2. Exact name of the Corporation Orabona Law Offices, P.C.			
3. Principal Office Address PO BOX 8492			City Cranston	State RI	Zip 02920
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN RENDERING PROFESSIONAL LEGAL SERVICES			
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 Frank L Orabona Jr.			Vice-President Name Frank L. Orabona, Jr.		
Street Address PO Box 8492			Street Address PO Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank L. Orabona , Jr			Treasurer Name Frank L. Orabona, Jr.		
Street Address PO Box 8492			Street Address PO Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank L Orabona, Jr.			Director Name		
Street Address PO Box 8492			Street Address		
City Cranston	State RI	Zip 02920	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	
		8,000.00		\$0.0100	
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 George J. Lough, III, Agent for Corporation					Date 3/1/2024
Signature of Authorized Representative <i>[Signature]</i>					

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