

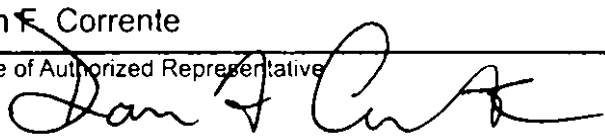


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 9 AM 9:49:41

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.

| | | | | | |
|--|--------------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 000094460 | | 2. Exact name of the Corporation Corrente Law Corporation | | | |
| 3. Principal Office Address 226 South Main Street | | | City Providence | State RI | Zip 02903 |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island To render professional services by persons authorized to practice law in the State of Rhode Island | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Darren F. Corrente | | | Vice-President Name Darren F. Corrente | | |
| Street Address 226 South Main Street | | | Street Address 226 South Main Street | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Secretary Name Darren F. Corrente | | | Treasurer Name Darren F. Corrente | | |
| Street Address 226 South Street | | | Street Address 226 South Main Street | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Darren F. Corrente | | | Director Name Darren F. Corrente | | |
| Street Address 226 South Main Street | | | Street Address 226 South Main Street | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 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 |
| | | | None | STK | 0 |
| 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 Darren F. Corrente | | | | Date 3/27/24 | |
| Signature of Authorized Representative  | | | | FILED | |

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

APR 09 2024
BY ML 4754