RI SOS Filing Number: 202451176460 Date: 4/15/2024 4:00:00 PM

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State of Rhode Islan			<b>.</b>							
Department of State - Business Services Division  Annual Report for the year: 2024						STAMP				
Corporation -					A APR		FOR SECRETARY	OF STATE		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00							ust at	A.Y		
Penalty: Additional \$25.00 to					당	<u> </u>		<u>.</u>		
1. Entity ID Number 98390		f the Corporation  DIGIANFIL	IPPO L	TD.	2:37					
Principal Office Address	1		City		1 <u>1                               </u>	State		Zip		
50 Park Row West, Suite 107			Provid	ence	7	RI		02903		
4. NAICS Code	6. Brief description	on of the characte	er of busines	s conducted in Rho	de Isla	ind	-			
541110	Professional service corp. pursuant to Title 7-5-1 of									
5. State of Incorporation RI	practice of law only through persons qualified to practice law in RI or in the									
7. List ALL officers (names and add			Ivica Prasu	Check to	he box	to indic	cate an atta	achment 🗆		
Daniel J. Vieira				Vice-President Name Stephen J. DiGianfilippo						
Street Address 35 Luke Street			Street Address 1305 Frenchtown Road							
<sup>City</sup> Wrentham	MA Zip 02093 City East Greenwich						Zip 02818			
Secretary Name Stephen J. DiGianfilippo				Treasurer Name Daniel J. Vieira						
Street Address 1305 Frenchtown Road				Street Address 35 Luke Street						
City East Greenwich	Stale RI	RI Zip 02818 City Wrentham			State MA		Z <sub>IP</sub> 02093			
List ALL directors (names and addresses)			<u> </u>	Check the box to indicate an attachment						
Daniel J. Vieira				Stephen J. DiGianfilippo						
Street Address 35 Luke Street				Street Address 1305 Frenchtown Road						
<sup>City</sup> Wrentham	State MA	<sup>Zıp</sup> 02093	City East Greenwich			State RI		Zip 02818		
Director Name			Director Na	Director Name						
Street Address			Street Address							
City	State	Zip	City			State		Zip		
9. Shares Authorized	<u>,l</u>	10. Shares Issu				to indi	cate an att			
This information is currently of record in the Department of State.		NUMBER OF SHARES			CLASS/SERGES		no par value			
Changes require an additional filing.		commo		common	no par v					
11. This report must be executed of	n hehalf of the cor	moration by an ai	ithorized rer	resentative If the c	ornora	tion is i	in the band	s of a re-		
ceiver or trustee, this report must be	e executed on bel	half of the corpora	ation by the	receiver or trustee.						
Under penalty of perjury, I decla statements, and that all stateme	nts contained he			τ, including any ac	comp	anying	scneaule	s and		
Name of Authorized Representativ		n+		WOFILED 2	37	Date	5-11	,		
Stephen J. DiGianfilippo, Vice President  Signature of the President Signature Signature Statute										
APR 15 2024										
MAIL TO: Division of Business Services	•	/								

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov