



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 521297		2. Exact name of the Corporation ANGELINI & CARNEIRO, CPA'S, INC.				
3. Principal office address 577 WARREN AVENUE - STE 200			City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 401-434-6996		5. State of Incorporation RHODE ISLAND				
6. Brief description of the character of business conducted in Rhode Island Public Accounting Practice rendering tax, bookkeeping and other professional services.						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name MARIO J. CARNEIRO			Vice-President Name TRACY E. ANGELINI			
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE			
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769	
Secretary Name TRACY E. ANGELINI			Treasurer Name MARIO J. CARNEIRO			
Street Address 50 MIKAYLA ANN DRIVE			Street Address 23 WHEELER STREET			
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name MARIO J. CARNEIRO			Director Name TRACY E. ANGELINI			
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE			
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				500 SHARES	COMMON	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File No. _____
 City No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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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.

Tracy Angelini 01/28/2014
 Signature of Authorized Representative Date
TRACY E. ANGELINI
 Print or Type Name of Authorized Representative