



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

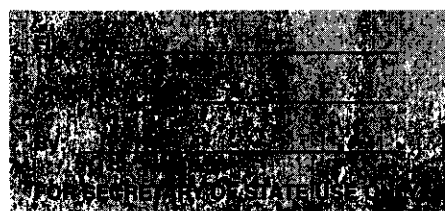
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 75233		2. Exact name of the Corporation MICHAEL A. MANSELLA, CPA INC.			
3. Principal office address 50 DURHAM STREET		City PROVIDENCE		State RI	Zip 02908
4. Business Phone No. (401) 861-7891		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PROFESSIONAL EMPLOYMENT FOR PROFIT OF ACCOUNTING.					
President Name MICHAEL A. MANSELLA			Vice-President Name MICHAEL A. MANSELLA		
Street Address 50 DURHAM STREET			Street Address 50 DURHAM STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name MICHAELA. MANSELLA			Treasurer Name MICHAEL A. MANSELLA		
Street Address 50 DURHAM STREET			Street Address 50 DURHAM STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100		
			CLASS/SERIES COMMON		
			PAR VALUE NO PAR		

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.



FILED

FEB 10 2014

9.216841

A.A.

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.

Michael A. Mansella 2/10/14
Signature of Authorized Representative Date

MICHAEL A. MANSELLA **PRESIDENT**

Print or Type Name of Authorized Representative