



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 2015

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. 795457		2. Exact name of the Corporation STEPHEN R DICHIARA CPA INC			
3. Principal office address 2019 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. (401) 231-6666		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island ACCOUNTING PRACTICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name STEPHEN R DICHIARA			Vice-President Name STEPHEN R DICHIARA		
Street Address 5 FRANCIS FIVE ROAD			Street Address 5 FRANCIS FIVE RD		
City WILLOW	State RI	Zip 02865	City WILLOW	State RI	Zip 02865
Secretary Name STEPHEN R DICHIARA			Treasurer Name STEPHEN R DICHIARA		
Street Address 5 FRANCIS FIVE RD			Street Address 5 FRANCIS FIVE RD		
City WILLOW	State RI	Zip 02865	City WILLOW	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name STEPHEN R DICHIARA			Director Name NONE		
Street Address 5 FRANCIS FIVE ROAD			Street Address		
City WILLOW	State RI	Zip 02865	City	State	Zip
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)		
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
			100	COMMON A	.01

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 Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 23 2015

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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.

Signature of Authorized Representative

Date

STEPHEN R DICHIARA, PRESIDENT
 Print or Type Name of Authorized Representative

1/20/15