



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 2016

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. 11760		2. Exact name of the Corporation SINEL, WILFAND & VINCI, CERTIFIED PUBLIC ACCOUNTANTS, INC.			
3. Principal office address 1150 NEW LONDON AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-463-8600			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RENDERING CORPORATE SERVICES AS CERTIFIED PUBLIC ACCOUNTANTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL J. ORABONA			Vice-President Name WAYNE L. WILFAND		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name WAYNE L. WILFAND			Treasurer Name VINCENT J. VINCI		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL J. ORABONA			Director Name WAYNE L. WILFAND		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name VINCENT J. VINCI			Director Name		
Street Address 1150 NEW LONDON AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	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
			192	COMMON	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.

File Date _____
 Check No. _____
 By: _____

FILED

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.

Vincent J. Vinci 2/1/16
 Signature of Authorized Representative Date

VINCENT J. VINCI, TREASURER

Print or Type Name of Authorized Representative

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FEB 03 2016

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