

## 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 legible.

1. Entity ID No. 11760		2. Exact name of the Corporation SINEL, WILFAND & VINCI, CERTIFIED PUBLIC ACCOUNTANTS, INC.				
Principal office address     1150 NEW LONDON AVENUE			City CRANSTON	State RI	Zip <b>02920</b>	
4. Business Phone No. 401-463-8600			5. State of Incorporation RHODE ISLAND			
i. Brief description of the RENDERING COR	character of business co PORATE SERVICE	onducted in Rhode Islan S AS CERTIFIED	d PUBLIC ACCOUN	ITANTS		
LIST <u>ALL</u> OFFICERS	NAMES AND ADDRES		TATHENT -			
President Name MICHAEL J. ORABONA			Vice-President Name WAYNE L. WILFAND			
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE			
CRANSTON	State <b>RI</b>	Zip <b>02920</b>	CRANSTON	State RI	Zip <b>02920</b>	
ecretary Name WAYNE L. WILFAND			Treasurer Name VINCENT J. VINCI			
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE			
ity CRANSTON	State RI	Zip <b>02920</b>	City CRANSTON	State RI	Zip 02920	
	(NAMES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT)		<del></del>	
rector Name MICHAEL J. ORAB	ONA		Director Name WAYNE L. WIL	FAND	<u> </u>	
treet Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE			
CRANSTON	State <b>RI</b>	Zip <b>02920</b>	CRANSTON	State RI	Zip <b>02920</b>	
rector Name VINCENT J. VINCI			Director Name			
treet Address 1150 NEW LONDON AVENUE			Street Address			
ty CRANSTON	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
nis information is currently of record in the Office of the Secretary			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
State. Changes require an additional filling. e Section 9 of Instruction sheet.		192	COMMON	NO PAR		
his report must be execu	ted on behalf of the corp	oration by an authorize	d representative. If the	corporation is in the hands	of a receiver or trustee	
file Date			Under penalty of pe this report, includi	erjury, I declare and affirm	nedules and statemen	
Check No.		Eu co	and that all stateme	ents contained herein are	true and correct.	
y: FILED		Signature of Author	ized Representative	Date		
FEB 0 3 2016			VINCENT J. VINCI, TREASURER			
		* · LUIU	D 1 1	of Authorized Representati		

Revised: 01/2012