

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

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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.		ne of the Corporation		· · · · · · · · · · · · · · · · · · ·		
53887		2. Exact name of the Corporation Walter J. Matisewski, CPA, Inc.				
3. Principal office address 1011 Smithfield Avenue 4. Business Phone No. 401-726-2727			City Lincoln	State RI	Zip 02865	
			5. State of Incorporation Rhode Island			
6. Brief description of the char Accounting, bookkee						
AND STREET STATE	· -		r/AghMEND L }		(*) (*)	
President Name Walter J. Matisewski			Vice-President Name Walter J. Matisewski			
Street Address 16 Tricia Circle			Street Address 16 Tricia Circle			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
Secretary Name Walter J. Matisewski			Treasurer Name Walter J. Matisewski			
Street Address 16 Tricia Circle			Street Address 16 Tricia Circle			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
B. EIST ALLEDIRECTORS (N	IAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT) Director Name			
Director Name Walter J. Matisewski			Director Name			
Street Address 16 Tricia Circle			Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9/SHARES AUTHORIZED	i i i i i i i i i i i i i i i i i i i		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		100	Common	No Par		
See Section 9 of instruction	sheet. ED					
		corporation by an authorize				

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File Data

Check No. 284

FOR SECRETARY OF STATE USE ONLY

Form No. 630 Revised: 01/2012 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

Walter J. Matisewski

Print or Type Name of Authorized Representative