



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. 96171 | | 2. Exact name of the Corporation ACCOUNTING CONCEPTS, INC | | |
| 3. Principal office address 1845 SMITH STREET UNIT 6 | | City NO. PROVIDENCE | State RI | Zip 02911 |
| 4. Business Phone No. 401-232-0090 | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island ACCOUNTING | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name JEFFREY M. MARWELL | | Vice-President Name SAMESAME JEFFREY MARWELL | | |
| Street Address 1845 SMITH STREET UNIT 6 | | Street Address 1845 SMITH ST UNIT 6 | | |
| City NO. PROVIDENCE | State RI | Zip 02911 | City NO. PROV. | State RI |
| Secretary Name JEFFREY MARWELL | | Treasurer Name JEFFREY MARWELL | | |
| Street Address 1845 SMITH UNIT 6 | | Street Address 1845 SMITH ST UNIT 6 | | |
| City NO. PROV. | State RI | Zip 02911 | City NO. PROV. | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name SAME JEFFREY MARWELL | | Director Name | | |
| Street Address 1845 SMITH ST UNIT 6 | | Street Address | | |
| City NO. PROV. | State RI | Zip 02911 | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 |
| 100 COMM | | COMM VOTING | | 1.00 |

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

MAR 24 2016

BY **KL 4646**

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 **Jeffrey Marwell** 3/20/16
Date

Print or Type Name of Authorized Representative **JEFFREY MARWELL TREASURER**