



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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) ☐				
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) ☐				
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) ☐		
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**