	Office of the Sec	retary of State	NS Fee: \$50
HOPE	Division Of Bus 148 W. Riv Providence RI (401) 222	er Street 02904-2615	
imited Liability Co	ompany		
Annual Report	r 1 - November 1		
o file its annual report w	G.L. 7-16-66(d), each limited liability vithin thirty (30) days after the time p o a penalty fee of \$25.00.		
ANNUAL REPORT YEA	AR : <u>2016</u>		
1. ID No. <u>001337</u>	153		
2. Exact Name of the	Limited Liability Company $\underline{\mathrm{DiC}}$	hristofero Pallotta & Assoc	iates, LLC
3. State of Formation	1		
State: <u>RI</u>			
	ARTICLE	III	
Using the following NAI	ICS codes, please select the code t	nat best describes your busi	ness.
NAICS Code		,	
		<u>0</u>	<u>81</u>
4. Brief Description of	f the Character of the Business W	hich is Actually Conducte	d in Rhode Island
		hich is Actually Conducte	d in Rhode Island
4. Brief Description of <u>TAX AND ACCOUN</u> 5. Principal Office Add	NTING SERVICES	/hich is Actually Conducte	d in Rhode Island
TAX AND ACCOUN	<u>NTING SERVICES</u>	/hich is Actually Conducte	d in Rhode Island
TAX AND ACCOUN 5. Principal Office Add No. and Street: <u>14</u>	NTING SERVICES	/hich is Actually Conducte State: <u>RI</u> Zip: <u>02861</u>	d in Rhode Island Country: <u>USA</u>
TAX AND ACCOUN 5. Principal Office Add No. and Street: <u>14</u> City or Town: <u>P</u> A	<u>NTING SERVICES</u> dress -01 NEWPORT AVENUE	State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u>
TAX AND ACCOUN 5. Principal Office Add No. and Street: 14 City or Town: PA 6. Mailing Address of Contact Name: SCOT	NTING SERVICES dress 01 NEWPORT AVENUE AWTUCKET Limited Liability Company and N IT DICHRISTOFERO Contact Title:	State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u>
TAX AND ACCOUN 5. Principal Office Add No. and Street: 14 City or Town: PA 6. Mailing Address of Contact Name: SCOT No. and Street: 14	NTING SERVICES dress 01 NEWPORT AVENUE AWTUCKET Limited Liability Company and N	State: <u>RI</u> Zip: <u>02861</u> lame or Title of Contact Po	Country: <u>USA</u>
TAX AND ACCOUN 5. Principal Office Add No. and Street: 14 City or Town: PA 6. Mailing Address of Contact Name: SCOT No. and Street: 14(City or Town: PA	NTING SERVICES dress 01 NEWPORT AVENUE AWTUCKET Limited Liability Company and N IT DICHRISTOFERO Contact Title: 01 NEWPORT AVENUE WTUCKET s of Each Manager of the Limited	State: <u>RI</u> Zip: <u>02861</u> lame or Title of Contact Po <u>PARTNER</u> State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
TAX AND ACCOUN 5. Principal Office Add No. and Street: 14 City or Town: PA 6. Mailing Address of Contact Name: SCOT No. and Street: 140 City or Town: PA Town: PA 7. Name and Address	NTING SERVICES dress 01 NEWPORT AVENUE AWTUCKET Limited Liability Company and N IT DICHRISTOFERO Contact Title: 01 NEWPORT AVENUE WTUCKET s of Each Manager of the Limited	State: <u>RI</u> Zip: <u>02861</u> lame or Title of Contact Po <u>PARTNER</u> State: <u>RI</u> Zip: <u>02861</u>	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SCOTT W. DICHRISTOFERO 1401 NEWPORT AVENUE PAWTUCKET, RI 02861

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2016 at 9:37:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SCOTT DICHRISTOFERO

Signature of Authorized Person

Form No. 632 Revised 09/07

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