RI SOS Filing Number: 201730398120 Date: 01/17/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000795457	**STEPHEN R DICHIARA CPA INC**

3. Principal Office Address	City	State	Zip
2019 SMITH STREET	**NORTH PROVIDENCE**	**RI**	**02911**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific,	**ACCOUNTING FIRM**
5. State of Incorporation: **RI**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President	Secretary	Treasurer
Name	**Stephen R DiChiara**	**Stephen R DiChiara**	**Stephen R DiChiara**	**Stephen R DiChiara**
Street Address	**5 Princess Pine Road**	5 Princess Pine	5 Princess Pine	5 Princess Pine
City	**Lincoln**	Lincoln	Lincoln	Lincoln
State	**RI**	RI	RI	RI
Zip	**02865**	02865	02865	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director	Director	Director
Name	**Stephen R DiChiara**	None	None	None
Street Address	**5 Princess Pine Road**			
City	**Lincoln**			
State	**RI**			
Zip	**02865**			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**8,000**	**Common Series A**	**.01**

11. 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.

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.

Name of Authorized Representative	Date
Stephen R DiChiara	**1/12/17**

Signature of Authorized Representative

FILED
JAN 17 2017
BY 239605

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

147862-5-1154988

FORM 630 - Revised: 10/2016