

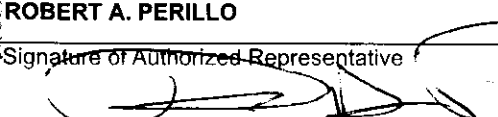
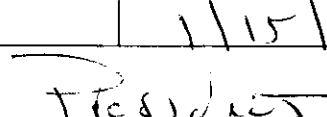


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

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

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RECEIVED
STATE

1. Entity ID Number 085220		2. Exact name of the Corporation DYL & PERILLO, INC.			
3. Principal Office Address 446 BROADWAY		City PROVIDENCE		State RI	Zip 02909
4. Business Phone Number: 401-453-2020		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING PROFESSIONAL TAX & ACCOUNTING SERVICES.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT A PERILLO			Vice-President Name ROBERT A. PERILLO		
Street Address 446 BROADWAY			Street Address 446 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name ROBERT A PERILLO			Treasurer Name ROBERT A. PERILLO		
Street Address 446 BROADWAY			Street Address 446 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT A. PERILLO			Director Name NONE		
Street Address 446 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 0.0000	
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 ROBERT A. PERILLO					Date 1/15/17
Signature of Authorized Representative 					

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

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BY 293369 1:26
FILED