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.

2017 JAN 17 P 1:25 R.I. SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation
085220	DYL & PERILLO, INC.

3. Principal Office Address	City	State	Zip
446 BROADWAY	PROVIDENCE	RI	02909

4. Business Phone Number:	6. Brief description of the character of business conducted in Rhode Island
401-453-2020	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

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	CLASS/SERIES	PAR VALUE
100	COMMON	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: [signature] President

STATE DOCUMENT FILED

JAN 17 2017 1:26

BY e 293369

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

FORM 630 - Revised: 08/2016