



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 128972		2. Exact name of the Corporation DiSanto, Priest & Co.			
3. Principal Office Address 117 METRO CENTER BOULEVARD, SUITE 3000			City WARWICK	State RI	Zip 02886
4. NAICS Code 54 - Professional, Scientific,		6. Brief description of the character of business conducted in Rhode Island THE RENDERING OF PROFESSIONAL SERVICES BY CERTIFIED PUBLIC ACCOUNTANTS AND LICENSED PUBLIC ACCOUNTANTS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EMILIO N. COLAPIETRO, CPA			Vice-President Name DAVID P. DISANTO, CPA		
Street Address 117 METRO CENTER BOULEVARD, SUITE 3000			Street Address 117 METRO CENTER BOULEVARD, SUITE 3000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ROBERT A. D'AMICO, CPA			Treasurer Name JOHN J. BROUGH, JR., CPA		
Street Address 117 METRO CENTER BOULEVARD, SUITE 3000			Street Address 117 METRO CENTER BOULEVARD, SUITE 3000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		96		COMMON	\$0.00
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 EMILIO N. COLAPIETRO, CPA					Date 1/23/17
Signature of Authorized Representative <i>Emilio N. Colapietro</i>					

SIGN DOCUMENT HERE **FILED**

JAN 23 2017

BY 12089 DS

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