



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 11760		2. Exact name of the Corporation SINEL, WILFAND & VINCI, CERTIFIED PUBLIC ACCOUNTANTS, INC.			
3. Principal Office Address 1150 NEW LONDON AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island RENDERING CORPORATE SERVICES AS CERTIFIED 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 MICHAEL J. ORABONA			Vice-President Name WAYNE L. WILFAND		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name WAYNE L. WILFAND			Treasurer Name VINCENT J. VINCI		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL J. ORABONA			Director Name WAYNE L. WILFAND		
Street Address 1150 NEW LONDON AVENUE			Street Address 1150 NEW LONDON AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name VINCENT J. VINCI			Director Name		
Street Address 1150 NEW LONDON AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	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
		192		COMMON	NO PAR
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 VINCENT J. VINCI, TREASURER				Date 2/1/17 , 2017	
Signature of Authorized Representative <i>Vincent J. Vinci</i>				FILED FEB 10 2017	

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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