



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 77046	2. Exact name of the Corporation Arthur Lambi, Jr. C.P.A., Ltd.
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3. Principal Office Address 2190 Mendon Road, Suite Two	City Cumberland	State RI	Zip 02864
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4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island To maintain, examine, inspect, and audit the books and accounts of others, as well as to prepare income tax returns and provide financial advice and all other lawful services of a CPA firm.
5. State of Incorporation RI	

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

President Name Arthur Lambi, Jr.			Vice-President Name Susan L Lambi		
Street Address 8 Hannah Dr.			Street Address 8 Hannah Dr.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Arthur Lambi, Jr.			Treasurer Name Arthur Lambi, Jr.		
Street Address 8 Hannah Dr.			Street Address 8 Hannah Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864

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

Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	NPV

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 <i>Arthur Lambi Jr</i>	Date 1-24-17
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Signature of Authorized Representative SIGN DOCUMENT HERE

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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