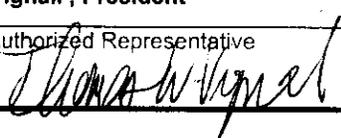




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 933134		2. Exact name of the Corporation Thomas W. Vignali CPA, Inc.			
3. Principal Office Address 1220 Kingstown Road, Suite 100		City Peace Dale		State RI	Zip 02879
4. NAICS Code 54 - Professional, Scientific, <input type="checkbox"/>	6. Brief description of the character of business conducted in Rhode Island To own and operate a public accounting practice and do all things incidental thereto.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas W. Vignali			Vice-President Name Same as President.		
Street Address 1220 Kingstown Road, Suite 100			Street Address		
City Peace Dale	State RI	Zip 02879	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as Vice President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE No
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 Thomas W. Vignali, President				Date 2/9/17	
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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