



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>98390</b>		2. Exact name of the Corporation <b>VIEIRA &amp; DIGANFILIPPO LTD.</b>		
3. Principal office address <b>50 Park Row West, Suite 111</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401 453 2950</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Professional service corporation pursuant to Title 7-5-1 of the RI General Laws. Conducting the practice of law only through persons qualified to practice law in the State of Rhode Island.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Daniel J. Vieira</b>		Vice-President Name <b>Stephen J. DiGianfilippo</b>		
Street Address <b>35 Luke Street</b>		Street Address <b>1305 Frenchtown Road</b>		
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>	City <b>East Greenwich</b>	State <b>RI</b>
Secretary Name <b>Stephen J. DiGianfilippo</b>		Treasurer Name <b>Daniel J. Vieira</b>		
Street Address <b>1305 Frenchtown Road</b>		Street Address <b>35 Luke Street</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Wrentham</b>	State <b>MA</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED		
Director Name <b>Daniel J. Vieira</b>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Street Address <b>35 Luke Street</b>		NUMBER OF SHARES		
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>	CLASS/SERIES	
Director Name		PAR VALUE		
Street Address		300		
City	State	Zip	Common	
City		State	No Par Value	
State		Zip		
Zip				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 15 2017

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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.

1/13/17

Signature of Authorized Representative

Date

**Daniel J. Vieira, President**

Print or Type Name of Authorized Representative