

## 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

## 2017 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Fee: \$50.00	_	This report must be typ LE THIS REPORT BY M		=	ALTY FEE.	
. Entity ID No.	2. Exact name of the Corporation					
129946	ROBER	ROBERT REBUSSINI CONSULTING, INC.				
3. Principal office address  28 Rollingwood Drive			City <b>Johnston</b>	State RI	Zip <b>02919</b>	
4. Business Phone No.			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Island			-1- <del>-</del> 1-4	
		nancial plans and pr	ojections and to o	therwise engage in	financial, estate,	
long-term care and				i i da ilina kaliki i i i kaliki pagama Mandapa ka maga kan san di i i kalipa san anga ya ist		
(, LIST ALL OFFICERS (NAMES AND ADDRESSES) (*Xº BOX FOR AT President Name Robert A. Rebussini			Vice-President Name			
						Street Address 28 Rollingwood Drive
ity Johnston	State RI	Zip <b>02919</b>	City	State	Zip	
ecretary Name Robert A. Rebussini			Treasurer Name Robert A. Rebussini			
Street Address 28 Rollingwood Drive			Street Address 28 Rollingwood Drive			
ity Johnston	State RI	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
rector Name			Director Name			
treet Address			Street Address			
ty	State	Zip	City	State	Zip	
irector Name			Director Name			
Street Address			Street Address			
ty	State	Zip	City	State	Zip	
SHARES AUTHORIZED			in cuaprolectura			
Z. PHILO AVII IVII DEL		en accounting and a very last surface of the surfac	NUMBER OF SHARES	(#X" BOX FOR ATTACH CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			100	Common	No Par Value	
			100	Common	No Fai Value	
his report must be execu		corporation by an authorize st be executed on behalf of			of a receiver or trustee,	
File Date			Under penalty of pe	gury declare and affing any accompanying so	hedules and statemen	
Check No	in the second	FEB 1 5 2017	and that all state the	ents contained herein are	e true and correct.	
By:		LED 19 TOIL	Signature of Authori	ed Representative	/ JO	
	and the second second second second	1111	* // I/	esini President	· Date	

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012