



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.

STAMP

1. Entity ID Number 000155005		2. Exact name of the Corporation Knowles, Edge, & Associates, CPAs, PC			
3. Principal Office Address 31 King Charles Dr.		City Portsmouth		State RI	Zip 02871
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Accounting Firm, Provides Professional Service by Licensed CPAs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann E. Knowles, CPA			Vice-President Name		
Street Address 31 King Charles Dr.			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name			Treasurer Name Ann E. Knowles, CPA		
Street Address			Street Address 31 King Charles Dr.		
City	State	Zip	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 200	CLASS/SERIES CWP	PAR VALUE \$0.01
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 Ann E. Knowles, CPA				Date 2/22/17	
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

FEB 27 2017

FORM 630 - Revised: 10/2016

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