



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.

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 BUS SVCS DIV

2017 APR -7 AM 8:47

1. Entity ID Number 51900		2. Exact name of the Corporation ALL THE ANSWERS, INC.			
3. Principal Office Address 60 ALHAMBRA ROAD, UNIT #4			City WARWICK	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Put	6. Brief description of the character of business conducted in Rhode Island DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES, ETC.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL A. SASSO			Vice-President Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name TAMARA SASSO			Treasurer Name PAUL A. SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL A. SASSO			Director Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					NO PAR
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. <i>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.</i>					
Name of Authorized Representative PAUL A. SASSO, PRESIDENT					Date 3/31/17
Signature of Authorized Representative <i>Paul A. Sasso</i>					FILED
SIGN DOCUMENT: HLRL					

APR 07 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY CU 300331