RI SOS Filing Number: 201743316560 Date: 5/18/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation	2017	
→ Filing period: June 1 - June 20		

- → Filing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000029295	•	2. Exact name of the Corporation RHODE ISLAND ASSOCIATION OF PUBLIC ACCOUNTANTS					
State of Incorporation RI		Brief description of the character of business conducted in Rhode Island ACCOUNTING ASSOCIATION					
5. Principal Office Address			City	State	Zip		
747 PONTIAC AVENUE SUITE 201		CRANSTON	RI	02910			
6. List ALL officers (names an			Che	ck the box to indica	ate an attachment		
President Name ANTHONY V. RICCI			Vice-President Name STEPHEN M. MUSCATELLI				
Street Address 100 METRO CENTER BLVD		Street Address 1815 MINERAL SPRING AVE					
City WARWICK	State RI	Zip 02886	City NORTH PROVIDENCE	State RI	Zip 02904		
Secretary Name ROBERT D. IADELUCA		Treasurer Name JOSEPH SAURO					
Street Address 747 PONTIAC AVENUE SUITE 201		Street Address 26 HEBERT ST	Street Address 26 HEBERT STREET				
City CRANSTON	State RI	^{Zip} 02910	City EAST GREENWICH	State RI	^{Zip} 02818		
7. List ALL directors (names an	d addresses). RI (Corporations MUST	list at least THREE directors.	Charle the house in			
Director Name ROBERT J. IADELUCA		Director Name STEPHEN BAIL	Check the box to indicate an attachment Director Name STEPHEN BAILEY				
Street Address 747 PONTIAC AVE SUITE 201			Street Address 3 COMMERCE STREET				
City CRANSTON	State RI	Zip 02910	City GREENVILLE	State RI	Zip 02828		
Director Name JOSEPH SAURO		Director Name RONALD J. AMIRAULT					
Street Address 26 HEBERT STREET		Street Address 3329 POST ROAD					
City EAST GREENWICH	State RI	^{Zip} 02818	City WARWICK	State RI	Zip 02886		
Registered Agent in Rhode Is	land. This informati	on is currently of reco	rd in the Department of State. Changes	require filing Form 6	641.		
Under penalty of perjury, I de statements, and that all stater	clare and affirm t	hat I have examine	ed this report including any acc	ompanying sched	lules and		
This report must be signed by either the	President, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repres	entative. Receiver or Tri	ustee		
Name of Officer/Authorized Representative				Date			
ROBERT D. IADELUCA SECR		•	:II FD	5/15/2017			
ignature of Officer/Authorized F	Representative	M	AY 18 2017	5/15/1	>		
AIL TO: vision of Business Services 8 W. River Street, Providence, Rho	do Johand COSO 4 COS	nv.	144 1 2				

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017