



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- 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
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island ACCOUNTING ASSOCIATION

5. Principal Office Address 747 PONTIAC AVENUE SUITE 201	City CRANSTON	State RI	Zip 02910
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City NORTH PROVIDENCE	State RI
Zip 02886		Zip 02904	
Secretary Name ROBERT D. IADELUCA		Treasurer Name JOSEPH SAURO	
Street Address 747 PONTIAC AVENUE SUITE 201		Street Address 26 HEBERT STREET	
City CRANSTON	State RI	City EAST GREENWICH	State RI
Zip 02910		Zip 02818	

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROBERT J. IADELUCA		Director Name STEPHEN BAILEY	
Street Address 747 PONTIAC AVE SUITE 201		Street Address 3 COMMERCE STREET	
City CRANSTON	State RI	City GREENVILLE	State RI
Zip 02910		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	City WARWICK	State RI
Zip 02818		Zip 02886	

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.
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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative ROBERT D. IADELUCA SECRETARY	Date 5/15/2017
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Signature of Officer/Authorized Representative

FILED
MAY 18 2017
 BY 1447 DS 5/15/17

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