



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**
CorporationFOR
SECRETARY OF STATE
USE ONLY

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 521297		2. Exact name of the Corporation ANGELINI & CARNEIRO, CPA's, INC			
3. Principal Office Address 577 WARREN AVENUE - Suite 200			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Public Accounting Practice rendering tax, bookkeeping and other professional services.			
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 MARIO J. CARNEIRO			Vice-President Name TRACY E. ANGELINI		
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name TRACY E. ANGELINI			Treasurer Name MARIO J. CARNEIRO		
Street Address 50 MIKAYLA ANN DRIVE			Street Address 23 WHEELER STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIO J. CARNEIRO			Director Name TRACY E. ANGELINI		
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name N/A			Director Name N/A		
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		CLASS/SERIES		PAR VALUE	
500 SHARES		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.					
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 TRACY E. ANGELINI (Secretary)					Date January 2, 2018
Signature of Authorized Representative <i>Tracy Angelini</i>					FILED
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

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