State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
521297	ANGELINI & CARNEIRO, CPA's, INC

3. Principal Office Address	City	State	Zip
577 WARREN AVENUE - Suite 200	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541211	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 ☐

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 ☐

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 ☐

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	Date
TRACY E. ANGELINI (Secretary)	January 2, 2018

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

JAN 03 2018

BY cu 321072

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

FORM 630 - Revised: 10/2017