



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.

FILED

JAN 18 2018

BY

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1. Entity ID Number 53887		2. Exact name of the Corporation WALTER J. MATISEWSKI, CPA, INC.			
3. Principal Office Address 1011 SMITHFIELD AVENUE		City LINCOLN		State RI	Zip 02865
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting, bookkeeping and tax 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 WALTER J. MATISEWSKI			Vice-President Name WALTER J. MATISEWSKI		
Street Address 16 TRICIA CIRCLE			Street Address 16 TRICIA CIRCLE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name WALTER J. MATISEWSKI			Treasurer Name WALTER J. MATISEWSKI		
Street Address 16 TRICIA CIRCLE			Street Address 16 TRICIA CIRCLE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WALTER J. MATISEWSKI			Director Name		
Street Address 16 TRICIA CIRCLE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 WALTER J. MATISEWSKI				Date 1/16/18	
Signature of Authorized Representative <i>Walter J. Matisewski</i>				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

FORM 630 - Revised: 10/2017