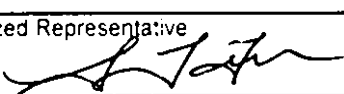




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 33198		2. Exact name of the Corporation FIORE AND ASMUSSEN INCORPORATED			
3. Principal Office Address 125 WAYLAND AVENUE			City PROVIDENCE	State RI	Zip 02906-4302
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PUBLIC ACCOUNTING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name LUIGI T. FIORE			Vice-President Name JOHN L. SPREMULLI		
Street Address 125 WAYLAND AVENUE			Street Address 37 PEERLESS STREET		
City PROVIDENCE	State RI	Zip 02906-4302	City CRANSTON	State RI	Zip 02910
Secretary Name JOHN SPREMULLI			Treasurer Name LUIGI T. FIORE		
Street Address 37 PEERLESS STREET			Street Address 125 WAYLAND AVENUE		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02906-4302
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUIGI T. FIORE			Director Name JOHN L. SPREMULLI		
Street Address 125 WAYLAND AVENUE			Street Address 37 PEERLESS STREET		
City PROVIDENCE	State RI	Zip 02906-4302	City CRANSTON	State RI	Zip 02910
Director Name NONE			Director Name NONE		
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NPV
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 LUIGI T. FIORE PRESIDENT				Date 1/31/18	
Signature of Authorized Representative 					

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

FILED

JAN 31 2018
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FORM 630 - Revised: 10/2017