



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

**FILED**

JAN 31 2018

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.

BY

1101  
*[Signature]*

1. Entity ID Number <b>103955</b>		2. Exact name of the Corporation <b>AMBASSADOR TAX PLANNING</b>												
3. Principal Office Address <b>125 WAYLAND AVENUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906-4302</b>									
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>TAX PLANNING</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>GREGORY J. FIORE</b>			Vice-President Name <b>CHRISTOPHER C. FIORE</b>											
Street Address <b>125 WAYLAND AVENUE</b>			Street Address <b>125 WAYLAND AVENUE</b>											
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906-4302</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906-4302</b>									
Secretary Name <b>LUIGI T. FIORE</b>			Treasurer Name <b>LUIGI T. FIORE</b>											
Street Address <b>125 WAYLAND AVENUE</b>			Street Address <b>125 WAYLAND AVENUE</b>											
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8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>300</b></td> <td><b>COMMON</b></td> <td><b>NPV</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>300</b>	<b>COMMON</b>	<b>NPV</b>			
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<b>300</b>	<b>COMMON</b>	<b>NPV</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>LUIGI T. FIORE, CPA</b>				Date <b>1/24/18</b>										
Signature of Authorized Representative <i>[Signature]</i> <b>Manager</b>														