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

FILED
JAN 31 2018
BY 1101

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	2. Exact name of the Corporation
103955	AMBASSADOR TAX PLANNING

3. Principal Office Address	City	State	Zip
125 WAYLAND AVENUE	PROVIDENCE	RI	02906-4302

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	TAX PLANNING
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
GREGORY J. FIORE	125 WAYLAND AVENUE	PROVIDENCE	RI	02906-4302

Vice-President Name	Street Address	City	State	Zip
CHRISTOPHER C. FIORE	125 WAYLAND AVENUE	PROVIDENCE	RI	02906-4302

Secretary Name	Street Address	City	State	Zip
LUIGI T. FIORE	125 WAYLAND AVENUE	PROVIDENCE	RI	02906-4302

Treasurer Name	Street Address	City	State	Zip
LUIGI T. FIORE	125 WAYLAND AVENUE	PROVIDENCE	RI	02906-4302

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	300	COMMON	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	Date
LUIGI T. FIORE, CPA	1/24/18

Signature of Authorized Representative: L T Fiore Manager

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov