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.

STATE OF RHODE ISLAND
SECRETARY OF STATE
CORPORATIONS
RECEIVED
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1. Entity ID Number	2. Exact name of the Corporation			
521758	One Plus One Bookkeeping, Ltd.			
3. Principal Office Address		City	State	Zip
3890 Post Road, #8		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541219	Bookkeeping			
5. State of Incorporation				
Rhode Island				

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

President Name: Jeanne D. George			Vice-President Name: Jeanne D. George		
Street Address: 3890 Post Road, #8			Street Address: 3890 Post Road, #8		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Jeanne D. George			Treasurer Name: Jeanne D. George		
Street Address: 3890 Post Road, #8			Street Address: 3890 Post Road, #8		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	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
Jeanne D. George	1/26/18

Signature of Authorized Representative: Jeanne D. George — SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 2620

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