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	2. Exact name of the Corporation
34749	THERESE A. RANDO ASSOCIATES, LTD.

3. Principal Office Address	City	State	Zip
33 College Hill Road, Building 30A	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 - Health Care and Social	Mental Health and Consulting Services
5. State of Incorporation: Rhode Island	621498

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

President Name: Therese A. Rando			Vice-President Name: Elizabeth-Ann R. Viscione		
Street Address: 33 College Hill Road, Building 30A			Street Address: 33 College Hill Road, Building 30A		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Thomas-Anthony R. Viscione			Treasurer Name: Antonio Viscione, Jr.		
Street Address: 33 College Hill Road, Building 30A			Street Address: 33 College Hill Road, Building 30A		
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: Therese A. Rando			Director Name:		
Street Address: 33 College Hill Road, Building 30A			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — 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

Check the box to indicate an attachment ☐

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
Therese A. Rando	2/19/18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED FEB 28 2018 BY 6888 DS

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov