



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 <b>129946</b>		2. Exact name of the Corporation <b>ROBERT REBUSSINI CONSULTING, INC.</b>			
3. Principal Office Address <b>28 Rollingwood Drive</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. NAICS Code <b>523930</b>		6. Brief description of the character of business conducted in Rhode Island <b>To design, develop and prepare financial plans and projections and to otherwise engage in financial, estate, long-term care and retirement 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>Robert A. Rebusini</b>		Vice-President Name			
Street Address <b>28 Rollingwood Drive</b>		Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Robert A. Rebusini</b>		Treasurer Name <b>Robert A. Rebusini</b>			
Street Address <b>28 Rollingwood Drive</b>		Street Address <b>28 Rollingwood Drive</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.		NUMBER OF SHARES		CLASSIFIER LS	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par Value</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>Robert A. Rebusini</b>					Date <b>2-13-18</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED** &

**MAR 01 2018**

BY 1313