



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

Annual Report for the year: 2018
 Corporation

STAMP

SECRETARY OF STATE
 USE ONLY

- 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 72786		2. Exact name of the Corporation MARTUFI & ASSOCIATES, INC.			
3. Principal Office Address 1404 Atwood Avenue, Suite 203			City Johnston	State RI	Zip 02919
4. NAICS Code 524113		6. Brief description of the character of business conducted in Rhode Island To operate an insurance, securities and investment company.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Martufi, Sr.			Vice-President Name Joyce A. Martufi		
Street Address 2 Quail Ridge Road			Street Address 2 Quail Ridge Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Carol L. Bordieri			Treasurer Name Robert A. Martufi, Jr.		
Street Address 8 Ann Drive			Street Address 1335 Woonsocket Hill Road		
City Johnston	State RI	Zip 02919	City North Smitfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASSIFIERS	
		100		Common	
				PAR VALUE	
				No Par Value	
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 Robert A. Martufi, Sr.					Date 3/6/18
Signature of Authorized Representative <i>Robert A. Martufi, Sr.</i>					SIGN DOCUMENT HERE FILED <i>or</i>

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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