RI SOS Filing Number: 201881600820 Date: 11/19/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2018

**Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

2. Exact name of the Limited Liability Company				
Sherry Ferdinandi, CPA, LLC				
Brief description of the character of business conducted in Rhode Island				
Accountant.				
		City	State	Zıp
1441 Park Avenue			RI	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Sherry Ferdinandi		Contact Tille Member		
Street Address 1441 Park Avenue		City Cranston	State RI	Z <sup>ip</sup> 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name None		Manager Name None		
Street Address		Street Address		
State	Zip	City	State	Zıp
Manager Name None		Manager Name None		
Street Address		Street Address		
State	<b>7</b> ip	Спу	State	Zip
Check the box to indicate an attachment				
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.				
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.				
1,411.0 017,141.101.1204.1 0.001.				1. ~
Sherry Ferdinandi Sherry E farlund:				
Signature of Authorized Person SIGN DOCUMENT HERE				
	Sherry F  4. Brief descrip Accountant.  billity Company a  e ad addresses) of  State  State  State  d. This informatio lare and affirm tents contained	Sherry Ferdinand  4. Brief description of the charact Accountant.  billity Company and Name or Title  e and addresses) of the Limited Liabil  State Zip  State Zip  d. This information is currently of recovering and affirm that I have examinents contained herein are true.	Sherry Ferdinandi, CPA, LLC  4. Brief description of the character of business conducted Accountant.  City Cranston  Contact Tille Member  City Cranston  Contact Tille Member  City Cranston  Id addresses) of the Limited Liability Company, IF APPLICA  Manager Name None  Street Address  State  Zip  City  Manager Name None  Street Address  State  Zip  City  Manager Name None  Street Address  City  City	Sherry Ferdinandi, CPA, LLC  4. Brief description of the character of business conducted in Rhode Island Accountant.    City

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

NOV 1 9 2018

BY 10418 FORM 632 - Revised: 10/2017