STAMP

Annual Report for the year: 2018 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form i	is not filed by D	ecember 1.			
1. Entity ID Number <b>691868</b>		2. Exact name of the Limited Liability Company Sherry Ferdinandi, CPA, LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
541211	Accountai	Accountant.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zıp	
1441 Park Avenue			Cranston	RI	02920	
7. Mailing Address of Limited	d Liability Compa	any and Name o				
Contact Name Sherry Ferdinandi			Contact Tille Member			
Street Address 1441 Park Avenue			City Cranston	State RI	<sup>Zip</sup> 02920	
	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	Спу	State	Zip	
	1	<b>L</b>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of St	ate Changes require film	ng Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Sherry Ferdinandi Sherry C Farling				Date 11/9/16		
Signature of Authorized Pers	<u>v</u>		N DOCUMENT HERE			

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

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BY 10418 FORM 632 - Revised: 10/2017