



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

FILED

Annual Report for the year: 2019
 Corporation

JAN 07 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1857
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1. Entity ID Number <u>000056002</u>		2. Exact name of the Corporation <u>Joseph W. Accetta and Associates, Inc.</u>	
3. Principal Office Address <u>207 Summit DR</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>531210</u>	6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE CONSULTING AND SALES.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSEPH W. ACCETTA</u>		Vice-President Name	
Street Address <u>207 SUMMIT DRIVE</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Joseph W. Accetta</u>		Director Name	
Street Address <u>207 SUMMIT DRIVE</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES
			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 <u>Joseph W. Accetta</u>		Date <u>1-4-19</u>	
Signature of Authorized Representative 		<u>1-4-19</u>	
SIGN DOCUMENT HERE			

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