



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

FILED

JAN 09 2019

BY 2089

Annual Report for the year: 2019
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 000064440		2. Exact name of the Corporation BALSOFIORE & COMPANY, LTD			
3. Principal Office Address 16 MARTIN'S WAY			City LINCOLN	State RI	Zip 02865
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island ACCOUNTING AND TAX SERVICES, FORENSIC ACCOUNTING, BUSINESS CONSULTING AND LITIGATION SUPPORT.			
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 BRIAN CARL BALSOFIORE			Vice-President Name BRIAN CARL BALSOFIORE		
Street Address 16 MARTIN'S WAY			Street Address 16 MARTIN'S WAY		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BRIAN CARL BALSOFIORE			Treasurer Name BRIAN CARL BALSOFIORE		
Street Address 16 MARTIN'S WAY			Street Address MARTIN'S WAY		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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		PAR VALUE
			1,000 ISSUED	COMMON	NO PAR
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 BRIAN C BALSOFIORE				Date JANUARY 5, 2019	
Signature of Authorized Representative 			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.ri.gov