



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 000795457		2. Exact name of the Corporation STEPHEN R DICHARA CPA INC	
3. Principal Office Address 2019 SMITH STREET		City NORTH PROVIDENCE	State RI
		Zip 02911	
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island Accounting practice		
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 STEPHEN R DICHARA		Vice-President Name STEPHEN R DICHARA	
Street Address 5 PRINCESS PINE ROAD		Street Address 5 PRINCESS PINE ROAD	
City LINCOLN	State RI	Zip 02865	City LINCOLN
Secretary Name STEPHEN R DICHARA		Treasurer Name STEPHEN R DICHARA	
Street Address 5 PRINCESS PINE ROAD		Street Address 5 PRINCESS PINE ROAD	
City LINCOLN	State RI	Zip 02865	City LINCOLN
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name STEPHEN R DICHARA		Director Name NONE	
Street Address 5 PRINCESS PINE ROAD		Street Address	
City LINCOLN	State RI	Zip 02865	City
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	C. ASS/SERIES COMMON SERIES A
		PAR VALUE .01	
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 STEPHEN R DICHARA, PRESIDENT		Date 1/14/19	
Signature of Authorized Representative 		<div style="text-align: center;"> FILED JAN 17 2019 3057 </div>	

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

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