



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

FILED

JAN 30 2019

BY

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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. Corporate ID No. 001008486		2. Name of Corporation Corsetti and Associates, Inc.			
3. Street Address Principal Business Office 125 Wayland Avenue			City Providence	State RI	Zip 02906
4. NAICS Code 541211		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island accounting services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis A. Corsetti			Vice President Name		
Street Address 125 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Louis A. Corsetti			Treasurer Name Louis A. Corsetti		
Street Address 125 Wayland Avenue			Street Address 125 Wayland Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES - THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100 common shares		\$.01		par value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

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.

Signature

Date

Louis A. Corsetti

Print or Type Name

President

Title

MAIL TO:

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