



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 129946		2. Exact name of the Corporation ROBERT REBUSSINI CONSULTING, INC.												
3. Principal Office Address 28 Rollingwood Drive			City Johnston	State RI	Zip 02919									
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island To design, develop and prepare financial plans and projections and to otherwise engage in financial, estate, long-term care and retirement planning.												
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 Robert A. Rebussini			Vice-President Name											
Street Address 28 Rollingwood Drive			Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Secretary Name Robert A. Rebussini			Treasurer Name Robert A. Rebussini											
Street Address 28 Rollingwood Drive			Street Address 28 Rollingwood Drive											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
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 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	100	Common	No Par Value			
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100	Common	No 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 Robert A. Rebussini				Date 1-29-19										
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

FEB 14 2019

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