



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

FILED

MAR 27 2019

BY 5185
[Signature]

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 96171	2. Exact name of the Corporation ACCOUNTING CONCEPTS, INC.
-------------------------------------	--

3. Principal Office Address 1845 SMITH STREET	City NORTH PROVIDENCE	State RI	Zip 2911
---	---------------------------------	--------------------	--------------------

4 NAICS Code 54129	6 Brief description of the character of business conducted in Rhode Island
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 JEFFREY M. MARWELL			Vice-President Name SAME		
Street Address 1845 SMITH STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
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.	NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
Changes require an additional filing.	100	COMM VOTING	1.00

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	Date
<i>Jeffrey Marwell</i>	2-27-19

Signature of Authorized Representative	SIGNATURE HERE
<i>Jeffrey Marwell</i>	

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