



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.

CORPORATION OF THE STATE OF RHODE ISLAND
CORPORATION DIV

2019 MAR 29 AM 8:48

1. Entity ID Number 51900		2. Exact name of the Corporation ALL THE ANSWERS, INC.			
3. Principal Office Address 60 ALHAMBRA ROAD, UNIT #4			City WARWICK		State RI
					Zip 02886
4. NAICS Code 561410		6. Brief description of the character of business conducted in Rhode Island DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES			
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 PAUL A. SASSO			Vice-President Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name TAMARA SASSO			Treasurer Name PAUL A. SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL A. SASSO			Director Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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		
			CLASS/SERIES		PAR VALUE
			100	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 PAUL A. SASSO					Date 3/29/19
Signature of Authorized Representative  FILED SIGN DOCUMENT HERE					

FILED
MAR 29 2019
15782
BY