



Department of State - Business Services Division

FILED

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JUN 03 2019

BY

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JUN 03 2019
SECRETARY OF STATE
R.I.

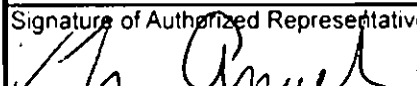
Annual Report for the year: **2019**

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 521297		2. Exact name of the Corporation ANGELINI & CARNEIRO, CPA's, INC.			
3. Principal Office Address 577 WARREN AVENUE - Suite 200		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Public Accounting Practice rendering tax, bookkeeping and other professional 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 MARIO J. CARNEIRO			Vice-President Name TRACY E. ANGELINI		
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name TRACY E. ANGELINI			Treasurer Name MARIO J. CARNEIRO		
Street Address 50 MIKAYLA ANN DRIVE			Street Address 23 WHEELER STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIO J. CARNEIRO			Director Name TRACY E. ANGELINI		
Street Address 23 WHEELER STREET			Street Address 50 MIKAYLA ANN DRIVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 500 SHARES	CLASS/SERIES COMMON	PAR VALUE 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 TRACY E. ANGELINI (Secretary)				Date JANUARY 23, 2019	
Signature of Authorized Representative  SIGN DOCUMENT HERE					