RI SOS Filing Number: 201919485500 Date: 9/13/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019

37.41.

Corporation

→ Filing period: January 1 - March 1

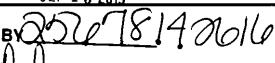
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is n	ot filed by April 1.			_		
1. Entity ID Number <b>76954</b>		2. Exact name of the Corporation  MICHAEL D. CORRADO, INC.					
3. Principal Office Address 2399 PAWTUCKET AVENUE			City EAST PROV	/IDENCE	State RI	Zip 02914	
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island BUISNESS CONSULTING					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and	addresses)			Check t	he box to i	ndicate an attachment	
President Name MICHAEL D. C	Vice-President Name SAME						
Street Address 2399 PAWTUCK	Street Address						
City EAST PROVIDENCE	State RI	Zip 02914	City		State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City		State	Žíp	
8. List ALL directors (names an	id addresses)			Check t	he box to i	indicate an attachment 🔲	
Director Name MICHAEL D. CO			Director Name	<b>;</b>			
Street Address 2399 PAWTUCKET AVENUE			Street Address				
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02914	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is	sued	Check t	he box to i	indicate an attachment	
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
Department of State.		100		COMMON		NPV	
Changes require an additional fil	ling.						
11. This report must be execute trustee, this report must be exe					ation is in	the hands of a receiver or	
Under penalty of perjury, I de	clare and affirm	that I have examir	ned this report, i		panying s	chedules and	
statements, and that all statements contained herein are true and contained Authorized Representative				Date			
MICHAEL D. CORRADO				FILED	1/21/19		
Signature of Authorized Repres	sentative	الماريكياري ماريكياري	SCHOOL SEE				
MAIL TO:				SEP 1 3 2019		1	

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017