



RI SOS Filing Number: 201928457910 Date: 11/29/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

KMA  
STAMPAnnual Report for the year: **2020**  
Corporation

NOV 29 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 5538

1. Entity ID Number <b>122948</b>		2. Exact name of the Corporation <b>Dennis M. DeSantis, Ltd.</b>			
3. Principal Office Address <b>2220 Plainfield Pike</b>			City <b>Cranston</b>		State <b>RI</b>
					Zip <b>02921</b>
4. NAICS Code <b>541211</b>		6. Brief description of the character of business conducted in Rhode Island <b>Accounting and Tax Preparation</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dennis M. DeSantis</b>			Vice-President Name <b>Dennis M. DeSantis</b>		
Street Address <b>172 Mohawk Trail</b>			Street Address <b>172 Mohawk Trail</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Dennis M. DeSantis</b>			Treasurer Name <b>Dennis M. DeSantis</b>		
Street Address <b>172 Mohawk Trail</b>			Street Address <b>172 Mohawk Trail</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dennis M. DeSantis</b>			Director Name		
Street Address <b>172 Mohawk Trail</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>1000</b>	<b>Common</b>	<b>No Par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Dennis M. DeSantis</b>					Date <b>11/25/19</b>
Signature of Authorized Representative  SIGN 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](http://www.sos.ri.gov)

FORM 630 - Revised: 10/2017