



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee \$50.00

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

DEC 19 2019

BY

9124 OS

1. Entity ID Number 33198		2. Exact name of the Corporation FIORE AND ASMUSSEN INCORPORATED									
3. Principal Office Address 125 WAYLAND AVENUE			City PROVIDENCE	State RI	Zip 02906-4302						
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PUBLIC ACCOUNTING 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 JOHN SPREMULLI			Vice-President Name JOHN SPREMULLI								
Street Address 37 PEERLESS STREET			Street Address 37 PEERLESS STREET								
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910						
Secretary Name JOHN SPREMULLI			Treasurer Name JOHN SPREMULLI								
Street Address 37 PEERLESS STREET			Street Address 37 PEERLESS STREET								
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name JOHN SPREMULLI			Director Name NONE								
Street Address 37 PEERLESS STREET			Street Address								
City CRANSTON	State RI	Zip 02910	City	State	Zip						
Director Name NONE			Director Name NONE								
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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NPV
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200	COMMON	NPV									
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 JOHN SPREMULLI, PRESIDENT				Date 12/15/19							
Signature of Authorized Representative 											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov