



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED

JAN 15 2020

13934

1. Entity ID Number 135374		2. Exact name of the Corporation Oliveira & Associates, Ltd.			
3. Principal Office Address 83 South Rose Street			City East Providence	State RI	Zip 02914
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island To perform accounting and related 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 David Oliveira			Vice-President Name None		
Street Address 175 Schoolhouse Road			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Lina S. Oliveira			Treasurer Name David Oliveira		
Street Address 175 Schoolhouse Road			Street Address 175 Schoolhouse Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Oliveira			Director Name None		
Street Address 175 Schoolhouse Road			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name None			Director Name None		
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
		1000		Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative David Oliveira					Date 1/8/2020
Signature of Authorized Representative 					SIGN DOCUMENT 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