



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

FILED

JAN 21 2020

1485

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.

1. Entity ID Number 000933134		2. Exact name of the Corporation Thomas W. Vignali CPA, Inc.			
3. Principal Office Address 118 Point Judith Road, Unit 6			City Narragansett	State RI	Zip 02882
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island To own and operate an accounting practice and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas W. Vignali			Vice-President Name Same as President		
Street Address 118 Point Judith Road, Unit 6			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
		100			No
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 Thomas W. Vignali, CPA, President				Date 1/17/20	
Signature of Authorized Representative 					

MAIL TO:
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