



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 STAMP

JAN 29 2020

7628

1. Entity ID Number 58679		2. Exact name of the Corporation RUSSOLINO & YOUNG, LTD.			
3. Principal Office Address 260 West Exchange Street, Suite 201			City Providence	State RI	Zip 02903
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting Firm			
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 Joseph Russolino			Vice-President Name Gregory J. Young		
Street Address 58 Melbourn Road			Street Address 1000 Chapel View Blvd., Unit 302		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
Secretary Name Gregory J. Young			Treasurer Name Joseph Russolino		
Street Address 1000 Chapel View Blvd., Unit 302			Street Address 58 Melbourn Road		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Russolino			Director Name Gregory J. Young		
Street Address 58 Melbourn Road			Street Address 1000 Chapel View Blvd., Unit 302		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
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	COMMON	NONE
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 Joseph Russolino, President				Date 1/22/20	
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