RI SOS Filing Number: 202033829030 Date: 2/4/2020 4:00:00 PM

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
FEB 04 2020
BY 1372 DS

1. Entity ID Number	2. Exact name of the Corporation
129946	**ROBERT REBUSSINI CONSULTING, INC.**

3. Principal Office Address	City	State	Zip
28 Rollingwood Drive	**Johnston**	**RI**	**02919**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
52 3930	**To design, develop and prepare financial plans and projections and to otherwise engage in financial, estate, long-term care and retirement planning.**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Robert A. Rebussini**			Vice-President Name:		
Street Address: **28 Rollingwood Drive**			Street Address:		
City: **Johnston**	State: **RI**	Zip: **02919**	City:	State:	Zip:
Secretary Name: **Robert A. Rebussini**			Treasurer Name: **Robert A. Rebussini**		
Street Address: **28 Rollingwood Drive**			Street Address: **28 Rollingwood Drive**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Johnston**	State: **RI**	Zip: **02919**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**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.

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	Date
Robert A. Rebussini	1/26/20
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

FORM 630 - Revised: 10/2017