RI SOS Filing Number: 202037682460 Date: 4/16/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation			
001696417	MARK TACELLI CPA, INC			
3. Principal Office Address		City	State	Zip
494 WOONASQUATUCKET AVE, UNIT 219		NORTH PROVIDENCE	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541213	BOOKKEEPING			
5. State of Incorporation				
RI				

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

President Name: MARK TACELLI			Vice-President Name: MARK TACELLI		
Street Address: 494 WOONASQUATUCKET AVE, UNIT 219			Street Address: 494 WOONASQUATUCKET AVE, UNIT 219		
City: NORTH PROVIDENCE	State: RI	Zip: 02911	City: NORTH PROVIDENCE	State: RI	Zip: 02911
Secretary Name: MARK TACELLI			Treasurer Name: MARK TACELLI		
Street Address: 494 WOONASQUATUCKET AVE, UNIT 219			Street Address: 494 WOONASQUATUCKET AVE, UNIT 219		
City: NORTH PROVIDENCE	State: RI	Zip: 02911	City: NORTH PROVIDENCE	State: RI	Zip: 02911

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

Director Name: MARK TACELLI			Director Name		
Street Address: 494 WOONASQUATUCKET AVE, UNIT 219			Street Address		
City: NORTH PROVIDENCE	State: RI	Zip: 02911	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	1.00

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
MARK TACELLI	4/14/2020

Signature of Authorized Representative: [signature] SIGN DOCUMENT

FILED

APR 16 2020

BY KJBlck

AA.

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