



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

FILED

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Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 152455		2. Exact name of the Limited Liability Company MANDEL & TRACY, LLC			
3. NAICS Code 541211		4. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE A PUBLIC ACCOUNTING PRACTICE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 589 ATWELLS AVENUE, SUITE 200			City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KATHRYN B. MANDEL			Contact Title		
Street Address 589 ATWELLS AVENUE, SUITE 200			City PROVIDENCE	State RI	Zip 02909
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<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 Person KATHRYN B. MANDEL				Date 10/19/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services
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