



RI SOS Filing Number: 202081334540 Date: 12/22/2020 3:44:00 PM
State of Rhode Island

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.

STAMP

FOR

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 DEC 22 P 3:23

1. Entity ID Number 0104141		2. Exact name of the Corporation Balsamo Associates, Inc.			
3. Principal Office Address 1675 South County Trail		City East Greenwich		State RI	Zip 02818
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting and taxation services			
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 Michael L. Balsamo			Vice-President Name		
Street Address 1675 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Michael L. Balsamo			Treasurer Name		
Street Address 1675 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael L. Balsamo			Director Name		
Street Address 1675 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	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. <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 Representative Michael L. Balsamo				Date 12/18/2020	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020