RI SOS Filing Number: 202081337730 Date: 12/22/2020 3:35:00 PM State of Rhode Island

## Department of State - Business Services Division

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BUS SVCS DIV → Filing Fee: \$50.00.

→ Penalty: Additional \$25	.00 fee if form is no	ot filed by April 1.		9030 000 00				
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation 2018 BEC 22 P 3: 23						
0104141	Balsamo Ass	Balsamo Associates, Inc.						
3. Principal Office Address			City		State	Zip		
1675 South County Trail			East Green	wich	RI	02818		
4. NAICS Code	6. Brief desci	iption of the charac	ter of business	conducted in Rhode	Island	1		
541211	Accounting	and taxation service	es		•			
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names ar	nd addresses)				the box to inc	licate an attachment 🗆		
President Name Michael L. Balsamo			Vice-President Name					
Street Address 1675 South County Trail			Street Address					
City East Greenwich	State RI	Z <sub>1</sub> p <sub>02818</sub>	City	•	State	Zıp		
Secretary Name Michael L. Ba	lsamo	<u></u>	Treasurer Name					
Street Address 1675 South County Trail			Street Address					
City East Greenwich	State RI	Zip 02818	City		State	Zıp		
8. List ALL directors (names a	and addresses)				k the box to inc	dicate an attachment 🔲		
Director Name Michael I., Balsamo			Director Name					
Street Address 1675 South County Trail			Street Address					
City East Greenwich	State RI	Zip 02818	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Iss						
This information is currently o	f record in the		F SHARES	CI.ASS/SERI Common	ES T	PAR VA: UF		
Department of State.		1,000	1,000			None		
Changes require an additional	filing.							
11. This report must be executrustee, this report must be e					oration is in th	e hands of a receiver or		
Under penalty of perjury, I	declare and affirm	that I have examir	ed this report,	including any acco	mpanying sci	hedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date	Date		
Michael I., Balsamo					12/18/2020			
Signature of Authorized Repr	esentative		<u>i</u> r	الملااياة	•	-		
/ /								
			DEI	2 2 2020	~ ~			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY MISSA 3:35