



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0104141		2. Name of Corporation Balsamo Associates, 2020-DEC-22 P 3:22			
3. Street Address Principal Business Office 47 Frontier Road			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 886-7700		5. State of Incorporation RT-		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island Accounting and taxation services 541211					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael L. Balsamo			Vice President Name		
Street Address 47 Frontier Road			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Lisa Scalzi-Balsamo			Treasurer Name Michael L. Balsamo		
Street Address 47 Frontier Road			Street Address 47 Frontier Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael L. Balsamo			Director Name		
Street Address 47 Frontier Road			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	None	1,000	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

DEC 22 2020

mjssa

3:25

File Date: _____
 Check No.: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer:
 Date: 12/22/20
 Michael L. Balsamo
 Print or Type Name of Officer
 President
 Title of Officer