



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

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



1. Corporate ID No. 0104141		2. Name of Corporation Balsamo Associates, Inc.			
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 RI			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island Accounting and taxation services					
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

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3:25
mJSSA

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: 1/24/01
Michael L. Balsamo
Print or Type Name of Officer
President
Title of Officer