RI SOS Filing Number: 202185931690 Date: 1/11/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the Year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty. Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 11 2021 STAMP
BY 11:10 DS

1. Entity ID Number	2. Exact name of the Corporation
76954	MICHAEL D. CORRADO, INC.

3. Principal Office Address	City	State	Zip
2399 PAWTUCKET AVENUE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541690	BUSINESS CONSULTING
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL D. CORRADO	SAME
Street Address: 2399 PAWTUCKET AVENUE	Street Address:
City: EAST PROVIDENCE; State: RI; Zip: 02914	City; State; Zip
Secretary Name: SAME	Treasurer Name: SAME
Street Address:	Street Address:
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MICHAEL D. CORRADO	
Street Address: 2399 PAWTUCKET AVENUE	Street Address:
City: EAST PROVIDENCE; State: RI; Zip: 02914	City; State; Zip
Director Name:	Director Name:
Street Address:	Street Address:
City; State; Zip	City; State; Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NPV

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.

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.

Name of Authorized Representative	Date
MICHAEL D. CORRADO	1/15/2021

Signature of Authorized Representative: Michael D. Corrado Pres

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

FORM 630 - Revised: 08/2020