



State of Rhode Island

Department of State - Business Services Division

FILED

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.

JAN 21 2021
 BY

1. Entity ID Number 83019		2. Exact name of the Corporation LIBMAN & ASSOCIATES, LTD.												
3. Principal Office Address 1130 TEN ROD ROAD, A101			City NORTH KINGSTOWN	State RI	Zip 02852									
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF THE PROFESSION OF CERTIFIED PUBLIC ACCOUNTING.												
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 SCOTT P. LIBMAN			Vice-President Name SCOTT P. LIBMAN											
Street Address 1130 TEN ROD ROAD, A101			Street Address 1130 TEN ROD ROAD, A101											
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852									
Secretary Name ANGELA J. LIBMAN			Treasurer Name SCOTT P. LIBMAN											
Street Address 1130 TEN ROD ROAD, A101			Street Address 1130 TEN ROD ROAD, A101											
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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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 SCOTT P. LIBMAN				Date 01/17/2021										
Signature of Authorized Representative 														