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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 27 2021
BY 3225 DS

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.

1. Entity ID Number	2. Exact name of the Corporation			
66285	Annaldo & Associates, Inc.			
3. Principal Office Address: 90 Chatham Road		City: Cranston	State: RI	Zip: 02920
4. NAICS Code: 55 - Management of companies	6. Brief description of the character of business conducted in Rhode Island: To engage in consulting under HIPAA & related areas, as an independent agent in the brokerage, consulting, buying & selling of various types of businesses.			
5. State of Incorporation: Rhode Island				

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

President Name: Robert A. Annaldo			Vice-President Name: Robert A. Annaldo		
Street Address: 90 Chatham Road			Street Address: 90 Chatham Road		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Robert A. Annaldo			Treasurer Name: Robert A. Annaldo		
Street Address: 90 Chatham Road			Street Address: 90 Chatham Road		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

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

Director Name: Robert A. Annaldo			Director Name		
Street Address: 90 Chatham Road			Street Address		
City: Cranston	State: RI	Zip: 02920	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	No Par

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: Robert A. Annaldo, President

Date: 1/18/21

Signature of Authorized Representative: Robert A. Annaldo SIGN DOCUMENT HERE

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: 10/2017