



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

FILED

JAN 27 2021

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

BY

1. Corporate ID No 315197		2. Name of Corporation Caliri, Mancini & Barbieri, PC			
3. Street Address Principal Business Office 1 Worthington Road			City Cranston	State RI	Zip 02920
5. NAICS Code 541219		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide professional accounting and financial services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy L. Mancini			Vice President Name Anthony J. Caliri		
Street Address 1 Worthington Road			Street Address 1 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Anthony J. Caliri			Treasurer Name Anthony J. Caliri		
Street Address 1 Worthington Road			Street Address 1 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			400 shares common stock of \$1.00 par value		

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.

Signature

Nancy L. Mancini

Print or Type Name

President

Title

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040