State of Rhode Island

Department of State - Business Services Division

FILED

FEB 01 2021

BY

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
135374	Oliveira & Associates, Ltd.

3. Principal Office Address	City	State	Zip
83 South Rose Street	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541211	To perform accounting and related services
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
David Oliveira	None
Street Address: 175 Schoolhouse Road	Street Address:
City: Warren, State: RI, Zip: 02885	City, State, Zip:
Secretary Name: Lina S. Oliveira	Treasurer Name: David Oliveira
Street Address: 175 Schoolhouse Road	Street Address: 175 Schoolhouse Road
City: Warren, State: RI, Zip: 02885	City: Warren, State: RI, Zip: 02885

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

Director Name	Director Name
David Oliveira	None
Street Address: 175 Schoolhouse Road	Street Address:
City: Warren, State: RI, Zip: 02885	City, State, Zip:
Director Name: None	Director Name: None
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
1000	Common	No 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.

Name of Authorized Representative	Date
David Oliveira	1/19/2021

Signature of Authorized Representative: X

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