



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

F: 11

FEB 13 2021

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

B 4629 *AS*

1. Entity ID Number 000155005		2. Exact name of the Corporation Knowles, Edge, & Associates, CPAs			
3. Principal Office Address 31 King Charles Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting firm providing professional services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann E. Knowles			Vice-President Name		
Street Address 31 King Charles Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name			Treasurer Name Ann E. Knowles		
Street Address			Street Address 31 King Charles Drive		
City	State	Zip	City Portsmouth	State RI	Zip
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS SERIES	
		200		CWP	
				PAR VALUE .01	
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 Ann E. Knowles				Date 02/08/21	
Signature of Authorized Representative <i>Ann E. Knowles</i>					

MAIL TO:
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