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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 16 2021

BY 2019

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		
116046	Yarlas, Kaplan, Santilli & Moran, Ltd.		
3. Principal Office Address	City	State	Zip
155 South Main Street, Suite 100	Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541211	CPA Firm		
5. State of Incorporation			
Rhode Island			

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

President Name: Thomas E. Lisi			Vice-President Name: Leo R. Moretti		
Street Address: 155 So. Main St., Ste 100			Street Address: 155 So. Main St., Ste 100		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Matthew Brennan			Treasurer Name: James A. Sinman		
Street Address: 155 So. Main St., Ste 100			Street Address: 931 Jefferson Blvd., Ste 3006		
City: Providence	State: RI	Zip: 02903	City: Warwick	State: RI	Zip: 02886

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	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	Date
James A. Sinman	1/29/21

Signature of Authorized Representative

James A. Sinman

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