RI SOS Filing Number: 202193533280 Date: 3/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STAMP

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

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R.I. DEPT. OF STATE
BUS SERVICES
2021 MAR -3 P 2:45

1. Entity ID Number	2. Exact name of the Corporation			
51900	ALL THE ANSWERS, INC			
3. Principal Office Address		City	State	Zip
60 ALHAMBRA ROAD, UNIT #4		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561410	DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: PAUL A. SASSO			Vice-President Name: TAMARA SASSO		
Street Address: 60 ALHAMBRA ROAD, UNIT #4			Street Address: 60 ALHAMBRA ROAD, UNIT #4		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: TAMARA SASSO			Treasurer Name: PAUL A. SASSO		
Street Address: 60 ALHAMBRA ROAD, UNIT #4			Street Address: 60 ALHAMBRA ROAD, UNIT #4		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

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

Director Name: PAUL A. SASSO			Director Name: TAMARA SASSO		
Street Address: 60 ALHAMBRA ROAD, UNIT #4			Street Address: 60 ALHAMBRA ROAD, UNIT #4		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
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	Date
PAUL A. SASSO	2-11-2021

Signature of Authorized Representative: Paul A. Sasso

FILED
MAR 03 2021
BY CR CR 018
3:45

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