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State of Rhode Island

Department of State - Business Services Division

FILED

MAR 12 2021

BY 1851 DS

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
000057265	Joseph Passaretti CPA, Inc.

3. Principal Office Address	City	State	Zip
357 Putnam Pike, Suite 5	Smithfield	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541211	Office of certified public accountants
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Joseph Passaretti	Joseph Passaretti
Street Address: 357 Putnam Pike, Suite 5	Street Address: 357 Putnam Pike, Suite 5
City: Smithfield, State: RI, Zip: 02917	City: Smithfield, State: RI, Zip: 02917
Secretary Name: Joseph Passaretti	Treasurer Name: Joseph Passaretti
Street Address: 357 Putnam Pike, Suite 5	Street Address: 357 Putnam Pike, Suite 5
City: Smithfield, State: RI, Zip: 02917	City: Smithfield, State: RI, Zip: 02917

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

Director Name	Director Name
Joseph Passaretti	
Street Address: 357 Putnam Pike, Suite 5	Street Address:
City: Smithfield, State: RI, Zip: 02917	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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
Joseph Passaretti	3/1/21
Signature of Authorized Representative	

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