



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2022

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

APR 05 2022

BY

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10K

1. Entity ID Number 000099196		2. Exact name of the Corporation ROBERT A. D'AMICO CO., INC.			
3. Principal Office Address 728 VALLEY STREET			City PROVIDENCE		State RI
			Zip 02908		
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island GENERAL ACCOUNTING 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 ROBERT A. D'AMICO			Vice-President Name ROBERT A. D'AMICO		
Street Address 728 VALLEY STREET			Street Address 728 VALLEY STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name ROBERT A. D'AMICO			Treasurer Name ROBERT A. D'AMICO		
Street Address 728 VALLEY STREET			Street Address 728 VALLEY STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT A. D'AMICO			Director Name		
Street Address 728 VALLEY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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		PAR VALUE
			100	COMMON	1.00
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 ROBERT A. D'AMICO					Date 1-25-2022
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov