RI SOS Filing Number: 202327094920 Date: 1/31/2023 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

JAN 31 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50,00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

BY_	19	8	11	
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Entity ID Number	2, Exact nar	2. Exact name of the Corporation						
000087595	DiMartii	no & Associ	ates, Inc.					
Principal Office Address			City		State	Zip		
141 Phenix Avenue			Cranston		RI	02920		
4. NAICS Code	6. Brief desc	cription of the char	acter of business co	onducted in Rhoo	de Island			
541211	Accounti	Accounting Services						
5. State of Incorporation	$\overline{}$	•						
Rhode Island								
7. List ALL officers (names a	nd addresses)			Che	eck the box to in	dicate an attachment		
President Name Edward J DiMartino Jr.				Vice-President Name Edward J DiMartino Jr.				
Street Address 20 West Blue Ridge Road			Street Address	Street Address 20 West Blue Ridge Road				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cransto	on	State RI	<sup>Z p</sup> 02920		
Secretary Name Edward J DiMartino Jr.			Treasurer Nam	Treasurer Name Edward J DiMartino Jr.				
Street Address 20 West Blue Ridge Road			Street Address	Street Address 20 West Blue Ridge Road				
City	State	Zip	Crty		State	Zıp		
8. List ALL directors (names	and addresses)			Che	eck the box to in	dicate an attachment		
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zıp	City		State	Zıp		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue				the box to indicate an attachment		
This information is currently o	f record in the		OF SHARES	CLASS/SERIFS		PAR VALUE		
Department of State.		100 S	Shares	Comm	Common N			
Changes require an additional	filing.							
11. This report must be exec	uted on behalf of the	corporation by ar	authorized repres	entative. If the co	rporation is in the	ne hands of a receiver or		
trustee, this report must be e	xecuted on behalf o	f the corporation b	v the receiver or tru	ustee.				
Under penalty of perjury, I statements, and that all sta	declare and affirm Itements contained	that i have exam I herein are true i	ined this report, in and correct.	ncluding any acc	companying so	hedules and		
Name of Authorized Represe					Date			
Edward J DiMartino J		1/24/2023						
Signature of Authorized Repr	resentative							
Child!								

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov