RI SOS Filing Number: 202327593090 Date: 2/3/2023 4:00:00 PM

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1 State of Rhode Island

Department of State - Business Services Division

FILED

FEB 03 2023

Annual Report for the year: 2023 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|-------------------------------------|---|---|------------------|-------|
| 001679528 | Piette McCoart CPAs LI | JC | | |
| 3. NAICS Code | Brief description of the character of busing | ness conducted in Rhode Island | | |
| 541211 | | | | |
| 5. State of Formation |] | | | |
| RI | Accounting Services | | | |
| 6. Principal Office Address | | City | State | Zip |
| 6 Blackstone Valley Place-Suite 107 | | Lincoln | RI | 02865 |
| 7. Mailing Address of Lir | mited Liability Company and Name or Title of Co | ontact Person | | |
| Contact Name | | Contact Title | | |
| Gerald R. Piette | | CPA | | |
| Street Address | | City | State | Zip |
| 6 Blackstone Valley Place-Suite 107 | | Lincoln | RI | 02865 |
| 8. The Resident Agent in | nformation currently of record with the RI Depart | tment of State is accurate. Changes require | filing Form 642. | |
| Under penalty of perjui | ry, I declare and affirm that I have examined t | this report, including any accompanying | schedules and | |
| | I statements contained herein are true and c | | | |
| Name of Authorized Pers | ~ / | er | Date 2/1/2023 | |
| Signature of Authorized | | | | |

MAIL TO:

Division of Business Services

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

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