



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023 Corporation

FEB 07 2023

BY 1002 KS

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

1. Entity ID Number 116046		2. Exact name of the Corporation Yarlas, Kaplan, Santilli & Moran, Ltd.			
3. Principal Office Address 155 South Main Street, Suite 100			City Providence	State RI	Zip 02903
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island CPA Firm			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Lisi			Vice-President Name Leo R. Moretti		
Street Address 155 So. Main St., Ste 100			Street Address 155 So. Main St., Ste 100		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Matthew Brennan			Treasurer Name James A. Sinman		
Street Address 155 So. Main St., Ste 100			Street Address 931 Jefferson Blvd., Ste 3006		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		800	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 James A. Sinman					Date 2/2/23
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