



State of Rhode Island
Department of State - Business Services Division

FILED
 FEB 09 2023
 BY 5201
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Annual Report for the year: 2023
Corporation

- 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 71022		2. Exact name of the Corporation Cardarelli & Ricci, Inc.			
3. Principal Office Address 514 Pontiac Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Corporate and personal tax preparation and bookkeeping services			
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 Alfred Cardarelli			Vice-President Name David M. Ricci		
Street Address 514 Pontiac Avenue			Street Address 514 Pontiac Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Claudia Cardarelli			Treasurer Name David M. Ricci		
Street Address 514 Pontiac Avenue			Street Address 514 Pontiac Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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
			none	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 Alfred Cardarelli					Date 1/31/2023
Signature of Authorized Representative <i>Alfred Cardarelli, President</i>					

MAIL TO:
 Division of Business Services
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