



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 24 2023

BY

1 Entity ID Number 000087413		2. Exact name of the Corporation ACCOUNT-EZE, INC.			
3 Principal Office Address 1275 WAMPANOAG TRAIL, SUITE 3			City RIVERSIDE	State RI	Zip 02915
4 NAICS Code 541219		6 Brief description of the character of business conducted in Rhode Island TO MAINTAIN, EXAMINE, INSPECT AND AUDIT THE BOOKS AND ACCOUNTS			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICIA ANN HEATH			Vice-President Name VICTOR DOSOITO		
Street Address 1275 WAMPANOAG TRAIL, SUITE 3			Street Address 1275 WAMPANOAG TRAIL, SUITE 3		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name VICTOR DOSOITO			Treasurer Name PATRICIA ANN HEATH		
Street Address 1275 WAMPANOAG TRAIL, SUITE 3			Street Address 1275 WAMPANOAG TRAIL, SUITE 3		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
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/ST. RIES		
			PAR VALUE		
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 PATRICIA ANN HEATH				Date 2/15/23	
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