



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

STAMP

FEB 28 2023

BY

20584 OS

1 Entity ID Number <b>129946</b>		2 Exact name of the Corporation <b>ROBERT REBUSSINI CONSULTING, INC.</b>			
3 Principal Office Address <b>28 Rollingwood Drive</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4 NAICS Code <b>523930</b>	6 Brief description of the character of business conducted in Rhode Island <b>To design, develop &amp; prepare financial plans &amp; projections &amp; to engage in financial, estate, long-term care &amp; retirement planning.</b>				
5 State of Incorporation <b>RI</b>					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Robert A. Rebussini</b>			Vice President Name		
Street Address <b>28 Rollingwood Drive</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Robert A. Rebussini</b>			Treasurer Name <b>Robert A. Rebussini</b>		
Street Address <b>28 Rollingwood Drive</b>			Street Address <b>28 Rollingwood Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>no par value</b>	
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 <b>Robert A. Rebussini</b>				Date <b>2/28/23</b>	
Signature of Authorized Representative 					