



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 30584 OS

1 Entity ID Number 129946		2 Exact name of the Corporation ROBERT REBUSSINI CONSULTING, INC.			
3. Principal Office Address 28 Rollingwood Drive		City Johnston		State RI	Zip 02919
4 NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island To design, develop & prepare financial plans & projections & to engage in financial, estate, long-term care & retirement planning.			
5 State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Rebussini			Vice President Name		
Street Address 28 Rollingwood Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Robert A. Rebussini			Treasurer Name Robert A. Rebussini		
Street Address 28 Rollingwood Drive			Street Address 28 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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	
		100	common	no 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 Robert A. Rebussini				Date 2/27/23	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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