



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.

STAMP

FOR  
SECRETARY OF STATE  
USE ONLYRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000315197</b>		2. Exact name of the Corporation <b>Caliri, Mancini &amp; Barbieri, PC</b>			
3. Principal Office Address <b>1 Worthington Road</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>541219</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide professional accounting and financial services.</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Nancy L. Mancini</b>			Vice-President Name <b>Anthony J. Caliri</b>		
Street Address <b>1 Worthington Road</b>			Street Address <b>1 Worthington Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Anthony J. Caliri</b>			Treasurer Name <b>Anthony J. Caliri</b>		
Street Address <b>1 Worthington Road</b>			Street Address <b>1 Worthington Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>400 Common</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>Anthony J. Caliri</b>					Date <b>3/14/23</b>
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

FILED  
MAR 14 2023  
BY **ML 96C4D**

**ADDENDUM TO STATE OF RHODE ISLAND**  
**2023 ANNUAL REPORT FOR**  
**CALIRI, MANCINI & BARBIERI, PC**

7. Names and Addresses of Additional Officers:

Vice President: Blair Barbieri – 1 Worthington Road, Cranston, RI 02920

Vice President: Ralph Barbieri– 1 Worthington Road, Cranston, RI 02920