



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.

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|   |   |  |  |                               |  |
|---|---|--|--|-------------------------------|--|
| 1. Entity ID Number<br><b>51900</b>   |   | 2. Exact name of the Corporation<br><b>ALL THE ANSWERS, INC.</b> |  |                               |  |
| 3. Principal Office Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>   |   |  | City<br><b>WARWICK</b>   | State<br><b>RI</b>            | Zip<br><b>02886</b>  |
| 4. NAICS Code<br><b>561410</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES</b> |  |  |                               |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |   |  |  |                               |  |
| 7. List ALL officers (names and addresses)  |   |  |  |                               | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>PAUL A. SASSO</b>  |   |  | Vice-President Name<br><b>TAMARA SASSO</b>                       |                               |  |
| Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>  |   |  | Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>               |                               |  |
| City<br><b>WARWICK</b>  | State<br><b>RI</b>  | Zip<br><b>02886</b>  | City<br><b>WARWICK</b>   | State<br><b>RI</b>            | Zip<br><b>02886</b>  |
| Secretary Name<br><b>TAMARA SASSO</b>   |   |  | Treasurer Name<br><b>PAUL A. SASSO</b>                           |                               |  |
| Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>  |   |  | Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>               |                               |  |
| City<br><b>WARWICK</b>  | State<br><b>RI</b>  | Zip<br><b>02886</b>  | City<br><b>WARWICK</b>   | State<br><b>RI</b>            | Zip<br><b>02886</b>  |
| 8. List ALL directors (names and addresses)   |   |  |  |                               | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name<br><b>PAUL A. SASSO</b>   |   |  | Director Name<br><b>TAMARA SASSO</b>                             |                               |  |
| Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>  |   |  | Street Address<br><b>60 ALHAMBRA ROAD, UNIT #4</b>               |                               |  |
| City<br><b>WARWICK</b>  | State<br><b>RI</b>  | Zip<br><b>02886</b>  | City<br><b>WARWICK</b>   | State<br><b>RI</b>            | Zip<br><b>02886</b>  |
| 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.<br><br>Changes require an additional filing.  |   |  | Check the box to indicate an attachment <input type="checkbox"/> |                               |  |
|   |   |  | NUMBER OF SHARES<br><b>100</b>                                   | CLASS/SERIES<br><b>COMMON</b> | PAR VALUE<br><b>NO PAR</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<br><b>PAUL A. SASSO</b>   |   |  |  |                               | Date<br><b>3-9-23</b>  |
| Signature of Authorized Representative<br>  |   |  |  |                               | <b>FILED</b>   |

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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