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
MAR 24 2023
BY 9841

1. Entity ID Number	2. Exact name of the Corporation		
34749	Therese A. Rando Associates, LTD.		
3. Principal Office Address	City	State	Zip
33 College Hill Road, Building 30A	Warwick	RI	02886
4. NAICS Code: 62 1998	6. Brief description of the character of business conducted in Rhode Island: Mental Health and Consulting Services		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Therese A. Rando			Vice-President Name: Elizabeth-Ann R. Viscione		
Street Address: 33 College Hill Road, Building 30A			Street Address: 33 College Hill Road, Building 30A		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Thomas-Anthony R. Viscione			Treasurer Name: Antonio Viscione, Jr.		
Street Address: 33 College Hill Road, Building 30A			Street Address: 33 College Hill Road, Building 30A		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Therese A. Rando			Director Name		
Street Address: 33 College Hill Road, Building 30A			Street Address		
City: Warwick	State: RI	Zip: 02886	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par

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	Date
Therese A. Rando	3/6/23

Signature of Authorized Representative: Therese A. Rando

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov