Department of Sta	te - Business	Services Di	vision			
Annual Report for the year	ar: 2023			·	FILE) STARP
Corporation					APR 05 2023	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				B\	,47)~(0
→ Penalty: Additional \$25.00 fe	e if form is not file	ed by May 31.		D		
Entity ID Number	2. Exact name of	the Corporation				
98398	Clifford J. I	Deck C.P.A.	, Inc.			
3. Principal Office Address			City		State	Zip
107 Channel View, Unit 2			Warwick		RI	02889
4 NAICS Code 5475				conducted in Rhode Isla	and	
52- Finance & Insurance	To render accounting and tax services					
5. State of Incorporation						
Rhode Island	<u> </u>					
7. List ALL officers (names and add President Name	resses)	<u> </u>	Vice-President	Check th	e box to in	ndicate an attachment
President Name Clifford J. Deck			Vice-President Name Clifford J. Deck			
Street Address 107 Channel View, Unit 2			Street Address 107 Channel View, Unit 2			
^{City} Warwick	State RI	^{Zip} 02889	City Warwi	ck	State RI	^{Zip} 02889
Secretary Name Clifford J. Deck			Treasurer Name Clifford J. Deck			
Street Address 107 Channel View, Unit 2			Street Address 107 Channel View, Unit 2			
City Warwick	State RI	^{Zip} 02889	City Warwick		State RI	^{Zip} 02889
8. List ALL directors (names and ad	dresses)	<u> </u>	To:	Check th	e box to in	ndicate an attachment 🔲
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
Director Name None			Director Name None			
Street Address			Street Address			
City State		Zıp	City		State Zip	
		<u> </u>	,			·
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check th	k the box to indicate an attachment	
Department of State. Changes require an additional filing.		100			Common No	
11 This report must be executed or	n behalf of the con	L poration by an auti	horized repres	sentative. If the corpora	ition is in th	he hands of a receiver or
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tr	ustee.		
Under penalty of perjury, I declar statements, and that all statemen	its contained her			meraumg any accomp		nedules and
Name of Authorized Representative					Date	
Clifford J. Deck, President					Ma	rch 30, 2023
Signature of Authorized Representa	itive /					

RI SOS Filing Number: 202332424710 Date: 4/5/2023 4:00:00 PM State of Rhode Island

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov