



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

APR 05 2023

BY [Signature]

1. Entity ID Number <b>98398</b>		2. Exact name of the Corporation <b>Clifford J. Deck C.P.A., Inc.</b>			
3. Principal Office Address <b>107 Channel View, Unit 2</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>52- Finance &amp; Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>To render accounting and tax services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Clifford J. Deck</b>			Vice-President Name <b>Clifford J. Deck</b>		
Street Address <b>107 Channel View, Unit 2</b>			Street Address <b>107 Channel View, Unit 2</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>Clifford J. Deck</b>			Treasurer Name <b>Clifford J. Deck</b>		
Street Address <b>107 Channel View, Unit 2</b>			Street Address <b>107 Channel View, Unit 2</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>100</b>	<b>Common</b>	<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.					
<b>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.</b>					
Name of Authorized Representative <b>Clifford J. Deck, President</b>					Date <b>March 30, 2023</b>
Signature of Authorized Representative <i>Clifford J. Deck</i>					

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