



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
 APR 05 2023
 BY 1451
RP

1. Entry ID Number 108540		2. Exact name of the Corporation Deck Financial Advisory Services, Inc.			
3. Principal Office Address 107 Channel View, Unit 2			City Warwick	State RI	Zip 02889
4. NAICS Code <u>524210</u> 52- Financial & Insurance		6. Brief description of the character of business conducted in Rhode Island To render financial, insurance, investment, retirement, and estate planning services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Clifford J. Deck			Vice-President Name None		
Street Address 107 Channel View, Unit 2			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 Clifford J. Deck, President					Date March 30, 2023
Signature of Authorized Representative <i>Clifford J. Deck</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov