



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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 000100175		2. Exact name of the Corporation Bisbano and Associates, Inc.			
3. Principal Office Address 188 Valley Street, Suite 100			City Providence	State RI	Zip 02909
4. NAICS Code 813920		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE ARCHITECTURAL SERVICES BY ARCHITECTS AUTHORIZED TO PRACTICE ARCHITECTURE IN THE STATE OF RI.			
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 Bruce W. Bisbano			Vice-President Name Bruce W. Bisbano		
Street Address 188 Valley Street, Suite 100			Street Address 188 Valley Street, Suite 100		
City Providence	State RI	Zip 02909	City Providence	State	Zip
Secretary Name Bruce W. Bisbano			Treasurer Name Bruce W. Bisbano		
Street Address 188 Valley Street, Suite 100			Street Address 188 Valley Street, Suite 100		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <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		
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. <i>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.</i>					
Name of Authorized Representative Bruce W. Bisbano					Date 4-13-2023
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 2/2023