State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2023
1. Corporate ID No. 001659160
2. Name of Corporation SUZANNE R. MIRANDA, MBA, INC
3. Street Address Principal Business Office:
No. and Street: 1313 DOUGLAS TPKE
City or Town: <u>HARRISVILLE</u> State: <u>RI</u> Zip: <u>02830</u> Country: <u>USA</u>
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>541219</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
INCOME TAX PREPARATION, PAYROLL SERVICES, BOOKKEEPING SERVICES, AND MANAGEMENT CONSULTING.
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix SUZANNE RITA MIRANDA		Address Address, City or Town, State, Zip Code, Country		
PRESIDENT			1313 DOUGLAS TPKE HARRISVILLE, RI 02830 USA		
PRESIDENT	SUZANNE RITA MIRANDA		1313 DOUGLAS TPKE HARRISVILLE, RI 02830		
hares Authorized and	Issued				
Class of Stock	Series of Stock	Par Value Per Share \$0.0000		Total Authorized Shares Number of Shares	Total Issue and Outstandin <i>Num of</i> <i>Shares</i>
					-
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his report must be exe corporation is in the	e hands of a receiver ne receiver or trustee. Foril, 2023 at 4:38:39 Strument constitutes the that this instrument is the facts stated herei	e corporat or trustee PM. This e affirmati s that indiv	tion by an , this rep electronia ion or actividual's a	a authorized repres ort must be execut c signature of the ir knowledgement of t ct and deed or the o	entative. If ed on beha dividual or the signator
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