



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 MAY -1 A 11:00

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001729410</b>		2. Exact name of the Corporation <b>ALL UNLIMITED INC</b>			
3. Principal Office Address <b>41 DORCHESTER AVENUE FL3</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>ALL UNLIMITED INC provides small business owners with business and financial management consulting services and personal income tax preparation. TITLE: 7-1,2-1701</b>			
5. State of Incorporation <b>RI</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>Angel L. Lopez</b>			Vice-President Name		
Street Address <b>41 Dorchester Avenue FL3</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>100</b>		10. Shares Issued <b>100</b> <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	
		<b>100</b>		<b>CWP</b>	
				<b>\$0.01</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>Angel L. Lopez</b>				Date <b>5-1-2023</b>	
Signature of Authorized Representative 				<b>FILED 1100</b> <b>MAY 01 2023</b> <b>BY 198</b>	