

**State of Rhode Island
Office of the Secretary of State****Fee: \$50.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Partnership
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**1. ID No.** 001070244**2. Exact Name of the Partnership** DE SISTA & PROVOST, LLP**3. State of Formation**State: RI**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541211**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**CPA FIRM ACCOUNTING AND TAX SERVICES**5. Principal Office Address**No. and Street: 10 HIGH STREET, SUITE BCity or Town: WAKEFIELDState: RI Zip: 02879 Country: USA**6. The name and business address of one or more partner(s):**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	MARK R. PROVOST	25 MANNING DRIVE NARRAGANSETT, RI 02882 USA
NONE GIVEN - P	RICHARD J. DE SISTA	86 MILLSTONE ROAD WAKEFIELD, RI 02879 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 24 Day of January, 2024 at 2:45:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By MARK R PROVOST
Signature of Authorized Person

Form No. 643
Revised 10/23

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