



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

FILED
FEB 02 2024
BY *[Signature]* 15231

Annual Report for the year: **2024**

Corporation _____

- 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 000087595		2. Exact name of the Corporation DiMartino & Associates, Inc			
3. Principal Office Address 141 Phenix Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting 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 Edward J DiMartino Jr.			Vice-President Name Edward J DiMartino Jr.		
Street Address 20 West Blue Ridge Road			Street Address 20 West Blue Ridge Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Edward J DiMartino Jr.			Treasurer Name Edward J DiMartino Jr.		
Street Address 20 West Blue Ridge Road			Street Address 20 West Blue Ridge Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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	
		100 Shares		Common	
				PAR VALUE	
				No 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. 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 Edward J DiMartino Jr.				Date 1/30/2024	
Signature of Authorized Representative <i>Edward J DiMartino Jr.</i>					

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