



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 14 2024

BY 2318 DS

1. Entity ID Number 66285		2. Exact name of the Corporation Annaldo & Associates, Inc.			
3. Principal Office Address 90 Chatham Road			City Cranston	State RI	Zip 02920
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island To engage in consulting under HIPAA & related areas, as an independent agent in the brokerage, consulting, buying & selling of various types of businesses.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Robert A. Annaldo			Vice-President Name Robert A. Annaldo		
Street Address 90 Chatham Road			Street Address 90 Chatham Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert A. Annaldo			Treasurer Name Robert A. Annaldo		
Street Address 90 Chatham Road			Street Address 90 Chatham 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 Robert A. Annaldo			Director Name		
Street Address 90 Chatham Road			Street Address		
City Cranston	State RI	Zip 02920	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
			100	Common	No Par
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 Robert A. Annaldo, President				Date 2/8/24	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov