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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 20 2024
BY

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	2. Exact name of the Corporation			
71022	Cardarelli & Ricci, Inc.			
3. Principal Office Address		City	State	Zip
514 Pontiac Avenue		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541211	Corporate and personal tax preparation and bookkeeping services			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alfred Cardarelli			Vice-President Name: David M. Ricci		
Street Address: 514 Pontiac Avenue			Street Address: 514 Pontiac Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02914
Secretary Name: Claudia Cardarelli			Treasurer Name: David M. Ricci		
Street Address: 514 Pontiac Avenue			Street Address: 514 Pontiac Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	none	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	Date
David M. Ricci	2/1/24
Signature of Authorized Representative: David M Ricci	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023