

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2024}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

Penaity: Additional \$25	5.00 fee if form is not filed by t	мау 31.			
1. Entity ID Number		2. Exact name of the Limited Liability Company			
001031622	Bruzzese & Solomon, CP.	Bruzzese & Solomon, CPAs, LLC			
3. NAICS Code	· ·	4 Brief description of the character of business conducted in Rhode Island			
541211	Certified Public Accounta	Certified Public Accountant			
5. State of Formation	\neg				
RI					
6. Principal Office Address		City	State	Zip	
1478 Atwood Avenue, Suite 202		Johnston	RI	02919	
7. Mailing Address of Limited	Liability Company and Name				
Contact Name Raymond F Bruzzese, CPA		Contact Title Sole Member			
Street Address 1478 Atwood Avenue, Suite 202		City Johnston	State RI	^{Zip} 02919	
8. The Resident Agent inform	nation currently of record with the	the RI Department of State is acc	urate. Changes requir	e filing Form 642.	
	declare and affirm that I have atements contained herein ar	e examined this report, includions true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date	Date	
Raymond F Bruzzese			02/16/202	02/16/2024	
Signature of Authorized Pere	En P				

MAIL TO:

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