



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
MAR 07 2024  
BY 31110  
*[Signature]*

Annual Report for the year: 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.

1. Entity ID Number <b>876718</b>		2. Exact name of the Limited Liability Company <b>Feeney Foster CPAs, LLC</b>		
3. NAICS Code <b>541211</b>		4. Brief description of the character of business conducted in Rhode Island <b>Accounting Services</b>		
5. State of Formation <b>Rhode Island</b>				
6. Principal Office Address <b>6 Blackstone Valley Place, Suite 401D</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Boyd Foster</b>		Contact Title <b>Manager</b>		
Street Address <b>9 Fairmount Ave</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person <b>Boyd Foster</b>			Date <b>3/5/2024</b>	
Signature of Authorized Person <i>Boyd E. Foster</i>				

**MAIL TO:**  
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