



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.

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STATE

1. Entity ID Number 110047		2. Exact name of the Corporation ANTHONY V. RICCI, CPA, INC.			
3. Principal Office Address 100 Metro Center Blvd., Unit 1			City Warwick	State RI	Zip 02886
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Accounting, bookkeeping, tax investments and computer consulting and any other lawful business.			
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 Anthony V. Ricci			Vice-President Name Anthony V. Ricci		
Street Address 100 Metro Center Blvd., Unit 1			Street Address 100 Metro Center Blvd., Unit 1		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Anthony V. Ricci			Treasurer Name Anthony V. Ricci		
Street Address 100 Metro Center Blvd., Unit 1			Street Address 100 Metro Center Blvd., Unit 1		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony V. Ricci			Director Name		
Street Address 100 Metro Center Blvd., Unit 1			Street Address		
City Warwick	State RI	Zip 02886	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 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 Anthony V. Ricci				Date 2-4-2024	
Signature of Authorized Representative 					

FILED

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

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