



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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MAR 12 2024 STAMP
BY 9295 OS

| | | | | | |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 98398 | | 2. Exact name of the Corporation Clifford J. Deck C.P.A., Inc. | | | |
| 3. Principal Office Address 107 Channel View, Unit 2 | | | City Warwick | State RI | Zip 02889 |
| 4. NAICS Code 541213 52- Finance and Insurance | | 6. Brief description of the character of business conducted in Rhode Island To render accounting and tax services | | | |
| 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 Clifford J. Deck | | | Vice-President Name Clifford J. Deck | | |
| Street Address 107 Channel View, Unit 2 | | | Street Address 107 Channel View, Unit 2 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| Secretary Name Clifford J. Deck | | | Treasurer Name Clifford J. Deck | | |
| Street Address 107 Channel View, Unit 2 | | | Street Address 107 Channel View, Unit 2 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name None | | | Director Name None | | |
| 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 |
| | | | 100 | | PAR VALUE |
| | | | 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 Clifford J. Deck, President | | | | | Date 2/27/24 |
| Signature of Authorized Representative <i>Clifford J. Deck</i> | | | | | |

MAIL TO:
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