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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

MAR 19 2024
1050 *or*

1 Entity ID Number 001762127		2 Exact name of the Corporation THE TAMBELLINI GROUP, LLC				
3 Principal Office Address PO BOX 685			City IRVINGTON		State VA	
4 NAICS Code 541400		6 Brief description of the character of business conducted in Rhode Island TECH ADVISORY SERV				
5 State of Incorporation VA						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name VICKI T TAMBELLINI			Vice-President Name			
Street Address 2412 MILA ROAD			Street Address			
City HEATHSVILLE	State VA	Zip 22473	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8 List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
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				<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				
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 <i>Vicki Tambellini</i>					Date 3-11-24	
Signature of Authorized Representative VICKI TAMBELLINI						

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov