## State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

2024

→ Filing period: February 1 - May 1

-> Filing Fee: \$50 00

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

MAR 1 9 2024	a
1050	V

1 Entity ID Number	2 Exact name of the Corporation								
001762127	THE TAMBELLINI GROUP, LLC								
3. Principal Office Address	11.5 111.55			City			State	Zip	
PO BOX 685				IRVIN	IRVINGTON			22480-0685	
4. NAICS Code	IRVINGTON VA 22480-0685  6 Brief description of the character of business conducted in Rhode Island								
541400									
5. State of Incorporation	1								
VA TECH ADVISORY SERV									
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name	Vice-President Name					-			
VICKI T TAMBELL	LINI								
Street Address				Street Address					
2412 MILA ROAD	MILA ROAD								
City	State	Zip		City		Slate	Z	Zip	
HEATHSVILLE	l va	2	2473						
Secretary Name	Treasurer Name								
Street Address			Street Address						
City	State	Zıp		City		State		Zip	
8 List ALL directors (names and	d addresses)				Che	ck the box	c to indicat	te an attachment	
Director Name  Director Name									
Street Address			Street Address						
City	State	Zıp		City		State		Ľιρ	
Director Name				Director Name					
Street Address			Street Address						
Car		7:-	·	Cih.		Letata	1-	7:0	
City	State	Zip		City		State	1	Zip	
9 Shares Authorized			10 Shares Issued	d Check		eck the box	k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SH	<del></del>		SER ES		PAR VALUE		
Changes require an additional	filing.		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 Date									
Vicki Jambellini 3-11-24									
Signature of Authorized Representative									
VICKI TAMBELLINI									

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos n gov