



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.

FILED

MAR 19 2024

BY 1236

1. Entity ID Number 000057265		2. Exact name of the Corporation Joseph Passaretti, CPA, Inc.	
3. Principal Office Address 357 Putnam Pike # 5		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island Public Accounting and Tax		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Passaretti		Vice-President Name Joseph Passaretti	
Street Address 357 Putnam Pike		Street Address 357 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Joseph Passaretti		Treasurer Name Joseph Passaretti	
Street Address 357 Putnam Pike		Street Address 357 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Passaretti		Director Name	
Street Address 357 Putnam Pike		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100	Common NPV
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 Joseph Passaretti			Date 03/13/2024
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov