



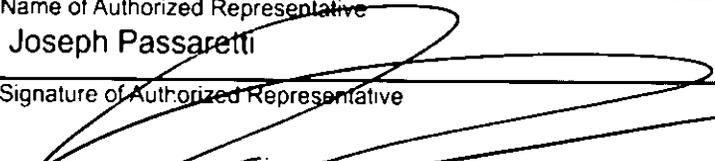
State of Rhode Island
Department of State - Business Services Division

FILED
MAR 19 2024
BY 1236

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.

| | | | | | |
|---|-----------------|---|---|---------------------------|---------------------|
| 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 | Zip 02917 | City Smithfield | State RI | Zip 02917 |
| Secretary Name Joseph Passaretti | | | Treasurer Name Joseph Passaretti | | |
| Street Address 357 Putnam Pike | | | Street Address 357 Putnam Pike | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | 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 | Zip 02917 | 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 |
| | | | 100 | | Common |
| | | | | | PAR VALUE |
| | | | | | 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