



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Non-Profit Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

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

FILED

APR 15 2024

BY **6331**

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1. Entity ID Number 000062166		2. Exact name of the Corporation CPE Associates Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Continuing Education for Accountants			
4. NAICS Code 611310					
6. Principal Office Address 681 Atwood Avenue			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ralph M. Ciunci			Vice-President Name Robert D. Giudici		
Street Address 681 Atwood Avenue			Street Address 250C Centerville Road		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
Secretary Name Michael F. Canole			Treasurer Name Armen R. Garabedian		
Street Address 150 Summit Drive			Street Address 250C Centerville Road		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ralph M. Ciunci			Director Name Robert D. Giudici		
Street Address 681 Atwood Avenue			Street Address 250C Centerville Road		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
Director Name Michael F. Canole			Director Name Armen R. Garabedian		
Street Address 150 Summit Drive			Street Address 250C Centerville Road		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Ralph M. Ciunci				Date 4/11/2024	
Signature of Officer/Authorized Representative <i>Ralph M. Ciunci</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov