|   |   | 1                   |
|---|---|---------------------|
|   | State of Rhode Island<br>Office of the Secretary of State | Fee: \$50.00        |
|   | Division Of Business Services                             |                     |
|   | 148 W. River Street                                       |                     |
|   | Providence RI 02904-2615                                  |                     |
| 1636  | (401) 222-3040  |                     |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 1   |   |                     |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                     |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024  |   |                     |
| 1. ID No. <u>001029354</u>  |   |                     |
| 2. Exact Name of the Limited Liability Company <u>MESSINA/GOLATO CPAS, LLC</u>  |   |                     |
| 3. State of Formation   |   |                     |
| State: <u>RI</u>  |   |                     |
| NAICS CODE  |   |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |   |                     |
| <u>541211</u>   |   |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |   |                     |
| ACCOUNT AND TAX SERVICES  |   |                     |
| 5. Principal Office A   | ddress  |                     |
| No. and Street:   | 535 ATWOOD AVE  |                     |
| City or Town:   | UNIT 1CRANSTONState: RIZip: 02920                         | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                     |
| No. and Street: 535   | act Title:<br>5 ATWOOD AVENUE, UNIT 1<br>IT 1             |                     |
| City or Town: <u>CR</u>   | ANSTON State: RI Zip: 029                                 | 20 Country: USA     |
|   |   |                     |

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM L. GOLATO 535 ATWOOD AVENUE CRANSTON , RI 02920

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of April, 2024 at 2:06:30 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By WILLIAM L GOLATO CPA

Signature of Authorized Person

Form No. 632 Revised 09/07

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