RI SOS Filing Number: 202454572070 Date: 5/6/2024 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

FILED
BY 2024

Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2. Exact name of the Corporation						
76954	MICHAEL D. CORRADO, INC.						
3. Principal Office Address 2399 PAWTUCKET AVENUE			City	PROVIDENCE	State RI	02914	
4. NAICS Code	6. Brief descript	tion of the charact	er of busines	ss conducted in Rhode	Island	,	
541690	BUSINESS CONSULTING						
5 State of Incorporation RHODE ISLAND							
7. List ALL officers (names and add	resses)		1	Check the b	ox to indic	cate an attachment	
President Name MICHAEL D. CORRADO			Vice-President Name SAME				
Street Address 2399 PAWTUCKET AVENUE				Street Address			
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02914	City		State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Žip	City	<u> </u>	State	Zıp	
8. List ALL directors (names and ad	ldresses)			Check the b	ox to indic	cate an attachment	
Director Name MICHAEL D. CORRADO			Director Na	Director Name			
Street Address 2399 PAWTUCKETAVENUE			Street Address				
City EAST PROVIDENCE	State RI	<sup>Zip</sup> 02914	City		State	Žip	
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 [							
This information is currently of record in the Department of State.			NUMBER OF SHARLS CLASS/SEI		NPV		
Changes require an additional filing.		100	<u>.</u>	COMMON	- INF V		
			مرم فرم المراف	A the core	oration in i	in the hands of a re-	
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 declar	re and affirm tha	at i have examine	ed this repo	rt, including any accor	mpanying	schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
MICHAEL D. CORRADO					01/02/2024		
Signature of Authorized Represent	ative	Copy	lo7				

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov