



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

MAY 30 2024

BY

|  |             |   |   |                 |              |
|--|-------------|---|---|-----------------|--------------|
| 1. Entity ID Number<br>000096171   |             | 2. Exact name of the Corporation<br>ACCOUNTING CONCEPTS CO., INC                          |   |                 |              |
| 3. Principal Office Address<br>1845 SMITH STREET   |             |   | City<br>NO. PROVIDENCE  | State<br>RI     | Zip<br>02911 |
| 4. NAICS Code<br>541219 ✓  |             | 6. Brief description of the character of business conducted in Rhode Island<br>ACCOUNTING |   |                 |              |
| 5. State of Incorporation<br>RI  |             |   |   |                 |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |                 |              |
| President Name<br>JEFFREY M. MARWELL   |             |   | Vice-President Name<br>SAME   |                 |              |
| Street Address<br>1845 SMITH STREET  |             |   | Street Address<br>26 JFK Circle   |                 |              |
| City<br>NO. PROVIDENCE   | State<br>RI | Zip<br>02911  | City<br>No Prov   | State<br>R.I.   | Zip<br>02904 |
| Secretary Name   |             |   | Treasurer Name  |                 |              |
| Street Address   |             |   | Street Address  |                 |              |
| City   | State       | Zip   | City  | State           | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |                 |              |
| Director Name<br>SAME  |             |   | Director Name<br>SAME   |                 |              |
| Street Address   |             |   | Street Address  |                 |              |
| City   | State       | Zip   | City  | State           | Zip          |
| Director Name  |             |   | Director Name   |                 |              |
| Street Address   |             |   | Street Address  |                 |              |
| City   | State       | Zip   | City  | State           | Zip          |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |             |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |              |
|  |             |   | NUMBER OF SHARES  | CLASS/SERIES    | PAR VALUE    |
|  |             |   | 100 COMM  | COMM VOTING     | 1.00         |
|  |             |   |   |                 |              |
| 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.<br><b>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.</b> |             |   |   |                 |              |
| Name of Authorized Representative<br>JEFFREY M. MARWELL  |             |   |   | Date<br>5/10/24 |              |
| Signature of Authorized Representative<br>   |             |   |   |                 |              |

MAIL TO:  
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