



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 5978

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

MAIL TO:  
Division of Business Services  
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