



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Partnership
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024**: 2024

1. ID No. 001728738

2. Exact Name of the Partnership Andsager, Bartlett & Pieroni LLP

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541211

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PRACTICE OF ACCOUNTING

5. Principal Office Address

No. and Street: 1275 WAMPANOAG TRAIL
SUITE 1

City or Town: EAST PROVIDENCE State: RI Zip: 02915 Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	KENNETH J. ANDSAGER	9 OLD CHIMNEY ROAD BARRINGTON, RI 02806 USA

PARTNER

CHRISTOPHER BARTLETT

108 GREYLOCK DR
PORTSMOUTH, RI 02871 UNI

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 1 Day of July, 2024 at 1:51:02 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By CHRISTOPHER BARTLETT
Signature of Authorized Person

Form No. 643
Revised 10/23

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