



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 17 2025

BY

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|---|-------------|---|---|-----------------|--------------|
| 1. Entity ID Number 53887 | | 2. Exact name of the Corporation WALTER J. MATISEWSKI, CPA, INC. | | | |
| 3. Principal Office Address 1011 SMITHFIELD AVENUE | | | City LINCOLN | State RI | Zip 02865 |
| 4. NAICS Code 541211 | | 6. Brief description of the character of business conducted in Rhode Island ACCOUNTING, BOOKKEEPING AND TAX SERVICES | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name WALTER J MATISEWSKI | | | Vice-President Name JACLYN BOICHAT | | |
| Street Address 16 TRICIA CIRCLE | | | Street Address 104 CINDYANN DRIVE | | |
| City CRANSTON | State RI | Zip 02921 | City EAST GREENWICH | State RI | Zip 02818 |
| Secretary Name JOANNE A MATISEWSKI | | | Treasurer Name WALTER J MATISEWSKI | | |
| Street Address 16 TRICIA CIRCLE | | | Street Address 16 TRICIA CIRCLE | | |
| City CRANSTON | State RI | Zip 02921 | City CRANSTON | State RI | Zip 02921 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name WALTER J MATISEWSKI | | | Director Name | | |
| Street Address 16 TRICIA CIRCLE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02921 | City | State | Zip |
| 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | 100 | | COMMON |
| | | | | | NO PAR |
| | | | | | |
| 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 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. | | | | | |
| Name of Authorized Representative WALTER J MATISEWSKI | | | | Date 1/15/25 | |
| Signature of Authorized Representative <i>Walter J Matisewski</i> | | | | | |