



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.

REC'D RHODES BSD
JAN 22 PM 12:51:07

1. Entity ID Number 00008805		2. Exact name of the Corporation Muto, Vollucci & Co., Ltd.			
3. Principal Office Address 211 Quaker Lane, Suite 101		City West Warwick		State RI	Zip 02893
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island To conduct the practice of a certified public accountant.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael A. Muto			Vice-President Name Michael A. Muto		
Street Address 211 Quaker Lane, Suite 101			Street Address 211 Quaker Lane, Suite 101		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Michael A. Muto			Treasurer Name Michael A. Muto		
Street Address 211 Quaker Lane, Suite 101			Street Address 211 Quaker Lane, Suite 101		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael A. Muto			Director Name		
Street Address 211 Quaker Lane, Suite 101			Street Address		
City West Warwick	State RI	Zip 02893	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			200		
			CLASS/SERIES		
			Common Shares		
			PAR VALUE		
			no par value		
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 Michael A. Muto			FILED		Date 1/15/25
Signature of Authorized Representative Michael A. Muto			JAN 22 2025 BY 52970		

MAIL TO:
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