State of Rhode Island
Department of State - Business Services Division

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STAMP
FOR SECRETARY OF STATE

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.

1. Entity ID Number	2. Exact name of the Corporation			
001008486	**Corsetti and Associates, Inc.**			
3. Principal Office Address		City	State	Zip
144 Wayland Avenue		**Providence**	**RI**	**02906**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541211	**accounting services**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Louis A. Corsetti			**Mary Ellen Corsetti**		
Street Address			Street Address		
144 Wayland Avenue			**144 Wayland Avenue**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**	**Providence**	**RI**	**02906**
Secretary Name			Treasurer Name		
Louis A. Corsetti			**Louis A. Corsetti**		
Street Address			Street Address		
144 Wayland Avenue			**144 Wayland Avenue**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**	**Providence**	**RI**	**02906**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common Shares**	**0.01 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	Louis A. Corsetti	Date	1/22/25
Signature of Authorized Representative			

FILED
JAN 29 2025
BY 2656

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 04/2023