



State of Rhode Island
Department of State - Business Services Division

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 25 JAN 29 PM 12:44:53
 DEPT. 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 001657808		2. Exact name of the Corporation Sheri L Major CPA, Inc.			
3. Principal Office Address 1171 Main Street, Second Floor			City Wyoming	State RI	Zip 02898
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island Certified public accountant.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheri L. Major			Vice-President Name		
Street Address 1171 Main Street, Second Floor			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Sheri L. Major			Treasurer Name Sheri L. Major		
Street Address 1171 Main Street, Second Floor			Street Address 1171 Main Street, Second Floor		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common Shares	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.					
<i>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.</i>					
Name of Authorized Representative Sheri L. Major					Date 1/18/2025
Signature of Authorized Representative <i>Sheri L. Major</i>					

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

FILED
JAN 29 2025
BY 5338
(CBN)