



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

FEB 03 2025

BY 32818

1. Entity ID Number 000070674		2. Exact name of the Corporation Rappoport, DeGiovanni & Caslowitz, Inc.			
3. Principal Office Address 989 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Andrew S. Caslowitz			Vice-President Name Jack R. DeGiovanni, Jr.		
Street Address 989 Waterman Avenue			Street Address 989 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Michael J. Farley			Treasurer Name Andrew S. Caslowitz		
Street Address 989 Waterman Avenue			Street Address 989 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Andrew S. Caslowitz			Director Name Jack R. DeGiovanni, Jr.		
Street Address 989 Waterman Avenue			Street Address 989 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Michael J. Farley			Director Name		
Street Address 989 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	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.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		1,200.00		CNP	
				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 Michael J. Farley Secretary				Date 01-31-2025	
Signature of Authorized Representative				1/31/25	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-26\*5

Phone: (401) 222-3040

Website: www.sos.ri.gov