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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY 2331
AA.

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		
66285	Annaldo & Associates, Inc.		
3. Principal Office Address	City	State	Zip
90 Chatham Road	Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541613	To engage in consulting under HIPAA & related areas, as an independent agent in the brokerage, consulting, buying & selling of various types of businesses.		
5. State of Incorporation			
Rhode Island			

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

President Name Robert A. Annaldo			Vice-President Name Robert A. Annaldo		
Street Address 90 Chatham Road			Street Address 90 Chatham Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert A. Annaldo			Treasurer Name Robert A. Annaldo		
Street Address 90 Chatham Road			Street Address 90 Chatham Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name Robert A. Annaldo			Director Name		
Street Address 90 Chatham Road			Street Address		
City Cranston	State RI	Zip 02920	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	CLASS/SERIES	PAR VALUE
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: Robert A. Annaldo, President

Date: 1/24/25

Signature of Authorized Representative: Robert A. Annaldo, President

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: 12/2023