



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 2331

RAA

1. Entity ID Number 66285		2. Exact name of the Corporation Annaldo & Associates, Inc.			
3. Principal Office Address 90 Chatham Road		City Cranston		State RI	Zip 02920
4. NAICS Code 541613	6. Brief description of the character of business conducted in Rhode Island 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
			100		Common
					PAR VALUE
					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 <i>Robert A. Annaldo, President</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov