



**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 10 2025

BY 1961
EG

1. Entity ID Number 000933134		2. Exact name of the Corporation Thomas W. Vignali CPA, Inc.			
3. Principal Office Address 118 Point Judith Road, Unit 6			City Narragansett	State RI	Zip 02882
4. NAICS Code 541211		6. Brief description of the character of business conducted in Rhode Island To own and operate an accounting practice and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas W. Vignali			Vice-President Name Same as President		
Street Address 118 Point Judith Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		PAR VALUE
			100	CNP	\$0.00
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 Thomas W. Vignali, President					Date 1/29/2025
Signature of Authorized Representative 					

MAIL TO:
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