

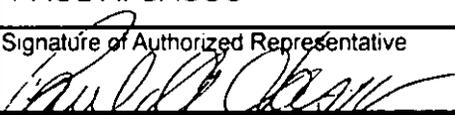


**State of Rhode Island
Department of State - Business Services Division**

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.

1. Entity ID Number 51900		2. Exact name of the Corporation ALL THE ANSWERS, INC			
3. Principal Office Address 60 ALHAMBRA ROAD, UNIT #4			City WARWICK	State RI	Zip 02886
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island Manufacture of finished products, by designing, printing and or assembling; To engage in design services and printing services			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL A. SASSO			Vice-President Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name TAMARA SASSO			Treasurer Name PAUL A. SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL A. SASSO			Director Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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. FILED					
Name of Authorized Representative PAUL A. SASSO				Date 02/01/2025	
Signature of Authorized Representative 				MAR 05 2025 BY KØIKTY	

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