



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

APR 09 2025

BY

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1. Entity ID Number 72786		2. Exact name of the Corporation MARTUFI & ASSOCIATES, INC.			
3. Principal Office Address 1404 Atwood Avenue, Suite 203			City Johnston	State RI	Zip 02919
4. NAICS Code 524113		6. Brief description of the character of business conducted in Rhode Island To operate an insurance, securities and investment company.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert A. Martufi, Sr.			Vice-President Name Joyce A. Martufi		
Street Address 184 Woonasquatucket Avenue, Apt. 306			Street Address 184 Woonasquatucket Avenue, Apt. 3		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Carol L. Bordieri			Treasurer Name Robert A. Martufi, Jr.		
Street Address 8 Ann Drive			Street Address 50 Alpine Way, PO Box 564		
City Johnston	State RI	Zip 02919	City Slatersville	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State RI	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			no par value		
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. Martufi, Sr.					Date 3/20/25
Signature of Authorized Representative 					

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