State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2025
BY 316184 02

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
72786	MARTUFI & ASSOCIATES, INC.

3. Principal Office Address	City	State	Zip
1404 Atwood Avenue, Suite 203	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524113	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	Vice-President Name
Robert A. Martufi, Sr.	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	no par value
Changes require an additional filing.			

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	Date
Robert A. Martufi, Sr.	3/20/25

Signature of Authorized Representative

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