

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 | FILED | ب | | |
|---------|-------------|----------|--|--|
| | APR 14 2025 | • | | |
| F BY | 6435 | 9 | | |

| 1. Entity ID Number | 2. Exact name of the Corporation ACCOUNTING CONCEPTS CO., | | | | | | | |
|--|---|---------------------------------------|---------------|---------------------------|-------------|-----------------------|--|--|
| 0000 96 17/ | ACCOL | INTING CON | ICEP 15 | CO., | | | | |
| 3. Principal Office Address 1845 SMITH STREET | | | NO. P | ROVIDENCE | State RI | Zip 02911 | | |
| 4. NAICS Code 5. State of Incorporation RI | Brief description of the character of business conducted in Rhode Island ACCOUNTING | | | | | | | |
| 7. List ALL officers (names and a | ddresses) | | | Check the t | oox to indi | cate an attachment 🔲 | | |
| President Name JEFFREY M. MARWELL | | | | Vice-President Name SAME | | | | |
| Street Address 26 JFK CIRCLE | | | | Street Address | | | | |
| ^{City} NO. PROV | State RI | ^{Zip} 02911 | City | City | | Zip | | |
| Secretary Name SAME | | | | Treasurer Name SAME | | | | |
| Street Address | | | Street Add | Street Address | | | | |
| City | State | Zip | City | | State | Zip | | |
| 8. List ALL directors (names and | addresses) | | | Check the | box to indi | cate an attachment | | |
| Director Name N/A | | | | Director Name | | | | |
| Street Address | | | Street Add | Street Address | | | | |
| City | State | Žip | City | | State | Zip | | |
| Director Name | | | Director N | Director Name | | | | |
| Street Address | | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to in | | | | icate an attachment | | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 100 COMM | | CLASS/SERIES COMM VOTING | | 1.00 | | |
| Changes require an additional filing. | | | | | <u></u> | | | |
| 11. This report must be executed | on behalf of the | corporation by an a | uthorized rei | presentative. If the core | oration is | in the hands of a re- | | |
| ceiver or trustee, this report must | be executed on | behalf of the corpo | ration by the | receiver or trustee. | | | | |
| Under penalty of perjury, I deci statements, and that all statem | | | | rt, including any acco | mpanying | schedules and | | |
| Name of Authorized Representative | | | | | | Date | | |
| JEFFREY M. MARWELL | | | | | | 3/31/2025 | | |
| Signature of Authorized Represe | | mull | | | | | | |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ni.gov