



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

MAY 21 2025

BY 303

REC'D R.D.S. 353
25 MAY 21 PM 12:45:4

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 000315197		2. Exact name of the Corporation Caliri, Mancini & Barbieri, PC			
3. Principal Office Address 1 Worthington Road			City Cranston	State RI	Zip 02920
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island To provide professional accounting and financial services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Nancy L. Mancini			Vice-President Name Ralph J. Barbieri		
Street Address 1 Worthington Road			Street Address 1 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Nancy L. Mancini			Treasurer Name Ralph J. Barbieri		
Street Address 1 Worthington Road			Street Address 1 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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		
			CLASS/SERIES		
			PAR VALUE		
			Common Shares		
			\$1.00 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 Nancy L. Mancini					Date 4/9/25
Signature of Authorized Representative <i>Nancy L. Mancini</i>					

MAIL TO:
Division of Business Services
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