State of Rhode Island
Department of State - Business Services Division

FILED
JUN 09 2025 R
BY 2394

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
000064440	BALSOFIORE & COMPANY, LTD

3. Principal Office Address	City	State	Zip
16 MARTIN'S WAY	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541219	ACCOUNTING AND TAX SERVICES, FORENSIC ACCOUNTING, BUSINESS CONSULTING AND LITIGATION SUPPORT
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BRIAN C BALSOFIORE	SAME
Street Address: 16 MARTIN'S WAY	Street Address:
City: LINCOLN, State: RI, Zip: 02865	City: , State: , Zip:
Secretary Name: SAME	Treasurer Name: SAME
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	3,000	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.

Name of Authorized Representative	Date
BRIAN C BALSOFIORE	JUNE 3, 2025

Signature of Authorized Representative: Brian C Balsofiore

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