



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
FEB 28 2023
BY 30584
OS

1. Entity ID Number 98390		2. Exact name of the Corporation VIEIRA & DIGIANFILIPPO LTD.			
3. Principal Office Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Professional service corp. pursuant to Title 7-5-1 of the RIGL. Conduct the practice of law only through persons qualified to practice law in RI or in the jurisdiction of an office of the corporation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel J. Vieira			Vice-President Name Stephen J. DiGianfilippo		
Street Address 35 Luke Street			Street Address 1305 Frenchtown Road		
City Wrentham	State MA	Zip 02093	City East Greenwich	State RI	Zip 02818
Secretary Name Stephen J. DiGianfilippo			Treasurer Name Daniel J. Vieira		
Street Address 1305 Frenchtown Road			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel J. Vieira			Director Name Stephen J. DiGianfilippo		
Street Address 35 Luke Street			Street Address 1305 Frenchtown Road		
City Wrentham	State MA	Zip 02093	City East Greenwich	State RI	Zip 02818
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
			1000	common	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 Stephen J. DiGianfilippo, Vice President					Date 2/3/23
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