



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

FILED

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 08 2024
BY 1005
DS

1. Entity ID Number 116046	2. Exact name of the Corporation Yarlas, Kaplan, Santilli & Moran, Ltd.
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3. Principal Office Address 100 Westminster Street, Suite 500	City Providence	State RI	Zip 02903
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4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island CPA Firm		
5. State of Incorporation Rhode Island			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas E. Lisi		Vice-President Name Leo R. Moretti			
Street Address 100 Westminster St., Ste 500		Street Address 36 Timothy Drive			
City Providence	State RI	Zip 02903	City Westerly	State RI	Zip 02891
Secretary Name Matthew Brennan		Treasurer Name James A. Sinman			
Street Address 500 Westminster St., Ste 500		Street Address 931 Jefferson Blvd., Ste 3006			
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02886

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.	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
Changes require an additional filing.	800	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 James A. Sinman	Date 2/6/24
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Signature of Authorized Representative
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