

Form X-17A-5 Filer Information

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

ANNUAL AUDITED REPORT
Form X-17A-5
Part III

OMB Number: 3235-0123, 3235-0749

Estimated average burden hours per response: 12.00

FORM X-17A-5

FACING PAGE
Information Required of Brokers and Dealers Pursuant to Section 17 of the
Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

X-17A-5: Filer Information

Filer CIK	<input type="text" value="0000311713"/>
Filer CCC	<input type="text" value="qjy#y9gr"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input checked="" type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input checked="" type="checkbox"/>
Confirming Broker Dealer Copy File Number	<input type="text" value="008-23904"/>
Confirming Security-Based Swap Entity Copy File Number	<input type="text" value="026-"/>

Submission Contact Information

Name	<input type="text" value="Nicholas Fusco"/>
Phone	<input type="text" value="6172241411"/>
E-Mail Address	<input type="text" value="0000311713"/>

Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
Notification E-mail Address	<input type="text" value="wmcevoy@cantella.com"/>
Notification E-mail Address	<input type="text" value="nfusco@cantella.com"/>

X-17A-5: Submission Information

Report for the Period Beginning	<input type="text" value="04-01-2021"/>		
and Ending	<input type="text" value="03-31-2022"/>		
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer	<input type="checkbox"/> Security-based swap dealer	<input type="checkbox"/> Major security-based swap participant
	<input type="checkbox"/> OTC derivatives dealer		

Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses?

☐ Yes ☒ No

X-17A-5: A. Registrant Identification

Name of Firm	<input type="text" value="CANTELLA & CO., INC."/>
Address of Principal Place of Business (Do not use P.O. Box No.)	
Address 1	<input type="text" value="389 MAIN STREET, 1ST FL."/>
City	<input type="text" value="MALDEN"/>
State/Country	<input type="text" value="MASSACHUSETTS"/>
Mailing Zip/ Portal Code	<input type="text" value="02148"/>

Name and Telephone Number of Person to Contact in Regard to this Report

Name

William MceVoy

Telephone Number

6172241411

X-17A-5: B. Accountant Identification**Independent Public Accountant**

Name - if individual, state last, first, and middle name

DeMarco Sciacotta Wilkens & Dunleavy, LLP

Address 1

20646 Abbey Woods Ct. N, Ste 201

City

Frankfort

State/Country

ILLINOIS

Mailing Zip/ Postal Code

60423

Check One

☒ Certified Public Accountant☐ Certified Public Accountant not resident in United States or any of its possessions**X-17A-5: Signature****Oath or Affirmation**

I, **Nicholas**, swear (or affirm) that, to the best of my knowledge and belief, the financial report pertaining to the firm of **CANTELLA & CO., INC.**, as of **06-30-2022**, is true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

Title

Corporate Counsel - VP of Finance

Notary Public

Checking this box acknowledges that this oath or affirmation has been notarized.

☒

My Commission Expires July 31, 2022