

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25	5.00.		unnum report within thirty (50) a	uys after the time prescribea by a	aw (R.I.G.L., 7-1.2-1501(c@a)) i		
1. Corporate ID No. 140862		2. Name of Corporation Via Roma, Inc.					
3 Street Address Principal Business Office 308 Atwells Avenue			Providence	State RI	^{Zip} 02903		
(404) 004 4747		5. State of Incorporation Rhode Island	5. State of Incorporation Rhode Island				
6. Brief Description of the CE To operate a restaura							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name Rosanna Grillo			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Domenic lerfino				
Street Address 308 Atwells Avenue			Street Address 308 Atwells Avenue				
Providence	State RI	Σφ 02903	City Providence	State RI	200 02903		
Secretary Name Rosanna Grillo			Treasurer Name Domenic lerfino				
Street Address 308 Atwells Avenue			Street Address 308 Atwells Avenue				
Providence	State RI	^{∠ip} 029 03	CHy Providence	State RI	Ζψ 02903		
Director Name Rosanna Grillo	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR A	ATTACHMENT)	N SPACES BEFORE USIN	G ATTACHMENTS		
Street Address 308 Atwells Avenue			:	Street Address 308 Atwells Avenue			
Providence Director Name	State RI	73ip 02903	Cuy Providence Director Name	State RI	χφ 02903		
Street Address			Street Address				
CHy	State	Zip	Ch_{Y}	State	Zip		
9. SHARES AUTHORIZ	ZED			O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	_		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			S 1 201	Class/Series	Par Value		
			100	Common	None		
This report must be ex-	ecuted on behalf of the	ne corporation by an author	rized representative. If the	corporation is in the hand	Is of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

File DateFILED
Check No
By 1435
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury including any accompany contained by rein are true a	ing schedule:	affirm tha s and stater	t I have examined this report, ments, and that all statements
Signature Domenic lerfino	7		Date
Print or Type Name			788
Vice President	. <u>.</u> .		