RI SOS Filing Number: 200943439440 Date: 02/27/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation
114982	SPIRITO SEWING CENTER, INC.

3. Street Address Principal Business Office	City	State	Zip
828 Admiral Street	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation
401-421-5624	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
The purchase, sale and repair of sewing machines and releated products and any other lawful business.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Michelle P. Tricarico	Joseph I. Tricarico
Street Address: 666 River Avenue	Street Address: same as the President
City: Providence; State: RI; Zip: 02908	City; State; Zip
Secretary Name: Michelle P. Tricarico	Treasurer Name: Joseph I. Tricarico
Street Address: same as the President	Street Address: same as the President
City; State; Zip	City; State; Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Michelle P. Tricarico	Joseph I. Tricarico
Street Address: same as the President	Street Address: same as the President
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	No Par Value

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.

[redacted]

[redacted]

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.

Signature *Date* 2/13/2009

Michelle P. Tricarico
Print or Type Name

[redacted] President
Title

File Date 2-27-09
Check No. 3830
By: mne
FOR SECRETARY OF STATE USE ONLY