

Ву:

FOR SECRETARY OF STATE USE ONLY

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.

Corporate ID No. 19405	ZUCCOLO, INC	2. Name of Corporation ZUCCOLO, INCORPORATED State Zip				
Street Address Principal Busi 166 Atwells Avenue	eel Address Principal Business Office 6 Atwells Avenue		Providence	Rhode Island	02903	
Business Phone No. 5. State of Incorporation Rhode Island						
Petail sale of fine men'	racter of Business Conducted in I s clothing			naces becode HSING AT	TACHMENTS	
	SSES OF THE OFFICERS:	("X" BOX FOR ATTAC	Vice President Name	PACES BEFORE USING AT		
resident Name Joseph A. Zuccolo			Hugo E. Zuccolo			
Street Address			Street Address			
66 Alwells Avenue			266 Atwells Avenue	State	Zip	
rovidence	State Rhode Island	02903	City Providence	Rhode Island	02903	
Secretary Name Hugo E. Zuccolo			Treasurer Name Joseph A. Zuccolo			
Street Address 266 Atwells Avenue			Street Address 266 Atwells Avenue			
Xiy Providence	State Rhode Island	^{Zip} 029 03	City Providence	State Rhode Island	02903	
NAMES AND ADDRI	 ESSES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN	N SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name Hugo E. Zuccolo			
Joseph A. Zuccolo			Street Address			
Street Address			266 Atwells Avenue			
266 Atwells Avenue	State	Zip	City	State	Ziμ	
Providence	Rhode Island	02903	Providence	Rhode Island	02903	
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	Director Name			
			Sure Address			
Street Address			Street Address			
СПу	State	Ζip	City	State	Zip	
•			· · · · · · · · · · · · · · · · · · ·	C"V" DOY FOR ATTACH	MENT)	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED			
			Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			100	Common	No par value	
instruction sheet.						
This report must be ex	ecuted on behalf of the co	orporation by an authoriz	zed representative. If the	corporation is in the hands	of a receiver or tru	
this report must be exc	ecuted on behalf of the co	rporation by the receiver	r or trustee.			
				f perjury, I declare and affirm t	hat I have examined th	
			Under penalty of including any ac	f perjury, I declare and affirm to companying schedules and sta	tements, and that all st	
	II EN	-	contained herein	are true and correct		
	T Hand Brown Start		ر سل	11 11 141	11/1 2V	
l			ואו ריי			
File Date	R 02 2009	-	Signature	m D: W	Date	

Print or Type Name

President

Title