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		
117743	L. CALVITTO'S PIZZA & BAKERY, INC.		
3. Street Address Principal Business Office	City	State	Zip
91 Pt. Judith Rd.	Narragansett	RI	02882
4. Business Phone No.	5. State of Incorporation		
(401) 783-8086	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
To conduct a bakery and make sales at retail and wholesale of all bakery products.

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

President Name			Vice President Name		
RONALD A. RAMIERI			RONALD A. RAMIERI		
Street Address			Street Address		
259 Chestnut Hill Rd.			259 Chestnut Hill Rd.		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Secretary Name			Treasurer Name		
RONALD A. RAMIERI			RONALD A. RAMIERI		
Street Address			Street Address		
259 Chestnut Hill Rd.			259 Chestnut Hill Rd.		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879

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

Director Name			Director Name		
RONALD A. RAMIERI					
Street Address			Street Address		
259 Chestnut Hill Rd.					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED
1,000 No Par Value

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

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	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]

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.

[redacted]

Signature *Date* 2/20/09

RONALD A. RAMIERI
Print or Type Name

President
Title

[redacted]

File Date 3-5-09
Check No. 16687
By: MNC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08