

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040	LOGOUT
Business Corporation Annual Report Filing Period: January 1 - March 1		
<i>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.</i>		
? Help with this form		
ANNUAL REPORT YEAR: 2009		
1. Corporate ID No. 000014363		
2. Name of Corporation <u>VENDA RAVIOLI INC.</u>		
3. Street Address Principal Business Office: No. and Street: 265 ATWELLS AVENUE City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>		
4. Business Phone No. 421-9105		
5. State of Incorporation State: <u>RI</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL AND WHOLESALE MACARONI PRODUCTS FILED MAR 23 2009 By <u>MNC</u> <u>Ch #1781</u>		
7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.		

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	ALAN R COSTANTINO	265 ATWELLS AVENUE PROVIDENCE, RI 02903 USA

Select From Below  Title:

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	500.00	1.00

9. 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.

Filer's Contact Information*(Enter a contact name, mailing address and email.)*

Contact Name: Alan R. Costantino

Business Name: Venda Ravioli Inc.

No. and Street: 265 Atwells Avenue - Same Address as -

City or Town: Providence State: RI Zip: 02903 Country: Prov

Contact Phone: 421-9105 ext:

Contact Email:

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 16 Day of March, 2009 at 9:55:28 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By

Signature of Authorized Representative of the Corporation

FILED**MAR 23 2009**

By


ID # 14363

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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Help

FILED

MAR 23 2009

By MNC

ID # 14363