	Office of the Secr	•	
	Division Of Busi 148 W. Rive		
	Providence RI		
Cretary of Sta	(401) 222-		
usiness Corpora	ition		
nnual Report			
ing Period: January 1	- March 1		
	G.L. 7-1.2-1501(e), each corporation f ty (30) days after the time prescribed i		
	ject to a penalty fee of \$25.00.		
NNUAL REPORT YE	<b>AR</b> : <u>2010</u>		
. Corporate ID No.	000121213		
Name of Corporat	tion Famiglia e Amici, Inc.		
Street Address Pri	ncipal Business Office:		
o. and Street:	762 HOPE STREET		
ity or Town:	PROVIDENCE Stat	e: <u>RI</u> Zip: <u>02906</u> Country: <u>U</u>	<u>SA</u>
. Business Phone N	0.		
401-421-4114			
. State of Incorpora	tion		
State: <u>RI</u>			
	of the Character of Business Condu	cted in Rhode Island	
NGAGING IN THI	E RESTAURANT AND CATERIN	IG BUSINESS	
. Names and Addres	ses of the Officers and Directors:		
All officers and di	restare must be listed. If officers a	ad/ar directors have been elected the	41410
	o longer applicable; please delete.	nd/or directors have been elected, the	e une
Title	Individual Name	Address	
The	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, (	Country
PRESIDENT	JAMES E HARRIS	13113 PATRIOT WAY W. GREENWICH, RI 02817 US	
VICE PRESIDEN	T DANIEL TEODORO	69 NORTH CARPENTER STREE EAST PROVIDENCE, RI 02914 US	
			,

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.00	8,000.00	1000
9. This report must be ex corporation is in the ha corporation by the rec	ands of a receiver or	• •	an authorized representa must be executed on be	
Signed this 8 Day of Ma individuals signing this is signatory, under penaltic act and deed of the corp- electronic filing, in comp By <u>JAME HARRIS</u> Signature of Authorize	instrument constitute es of perjury, that thi oration, and that the bliance with R.I. Gen.	es the affirmation of is instrument is that facts stated herein . Laws § 7-1.2.	or acknowledgement of t t individual's act and de	he ed or the
<u>PRESIDENT</u> Title	-		cuted the form and he/s	he is not
Form No. 630 Revised 09/07				