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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 2010

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		
61178	DeVille's, Inc.		
3. Street Address Principal Business Office	City	State	Zip
25 HIGGINS STREET #108	SMITHFIELD	RI	02917
4. Business Phone No.	5. State of Incorporation		
401-580-6900	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
SOCIAL & ENTERTAINMENT

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

President Name	Vice President Name
GINA M. BARTOLOMUCCI	GINA M. BARTOLOMUCCI
Street Address: 25 HIGGINS ST. UNIT 108	Street Address: 25 HIGGINS ST. UNIT 108
City: SMITHFIELD State: RI Zip: 02917	City: SMITHFIELD State: RI Zip: 02917
Secretary Name	**Treasurer Name**
GINA M. BARTOLOMUCCI	GINA M. BARTOLOMUCCI
Street Address: 25 HIGGINS ST. UNIT 108	Street Address: 25 HIGGINS ST. UNIT 108
City: SMITHFIELD State: RI Zip: 02917	City: SMITHFIELD State: RI Zip: 02917

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

Director Name	Director Name
NONE	
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

FILED

MAR 09 2010

BY 113387

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
46112-4-495784

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 Gina M. Bartolomucci *Date* 2/26/10

Print or Type Name GINA BARTOLOMUCCI

Title PRESIDENT

Form 630 Rev. 08/08