RI SOS Filing Number: 201062857560 Date: 06/07/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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
489612	DeLuca Group, Inc

3. Street Address Principal Business Office	City	State	Zip
14 Laudone Dr	Bradford	RI	02808

4. Business Phone No.	5. State of Incorporation
864-9570	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Restuarant

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

President Name	Vice President Name
Anna DeLuca Savastano	Joseph DeLuca Savastano
Street Address: 14 Laudone Dr	Street Address: 14 Laudone Dr.
City: Bradford, State: RI, Zip: 02808	City: Bradford, State: RI, Zip: 02808
Secretary Name: Anna DeLuca Savastano	Treasurer Name: Joseph DeLuca Savastano
Street Address: 14 Laudone Dr.	Street Address: 14 Laudone Dr.
City: Bradford, State: RI, Zip: 02808	City: Bradford, State: RI, Zip: 02808

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

Director Name	Director Name
None	None
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name: None	Director Name: None
Street Address	Street Address
City, State, Zip	City, State, Zip

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
1000	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 repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature *Date*

Anna DeLuca Savastano
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. JUN 07 2010
By: By
49383-1-497828
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Form 630 Rev. 08/08