



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 02904-2611  
401.222.3041

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**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)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3545	2. Name of Corporation CAPRICCIO'S, INC.
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3. Street Address Principal Business Office TWO PINE STREET	4. City PROVIDENCE	5. State RI	6. Zip 02903
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7. Business Phone No. 401-421-1320	8. State of Incorporation RHODE ISLAND
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9. Brief Description of the Character of Business Conducted in Rhode Island  
RESTAURANT RETAIL FOOD SALES

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

President Name VINCENZO IEMMA	Vice President Name
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Street Address 10 KING PHILLIP ROAD	Street Address
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City LINCOLN	State RI	Zip 02865	City	State	Zip
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Secretary Name GENNARO CASTELLANO	Treasurer Name VINCENZO IEMMA
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Street Address 20 COLLEGE LANE	Street Address TWO PINE STREET
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City BARRINGTON	State RI	Zip 02806	City PROVIDENCE	State RI	Zip 02903
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**3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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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
337.50	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

File Date:                     

Check No.   JAN 13 2011  

By:   HY 35786  

FOR SECRETARY OF STATE USE ONLY

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: \_\_\_\_\_ Date: \_\_\_\_\_

VINCENZO IEMMA

Print or Type Name

PRESIDENT

Title