



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 2012**

**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. 129388	2. Name of Corporation Underground Heros, Inc.
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3. Street Address Principal Business Office 44 Reynolds Avenue	City Rehoboth	State MA	Zip 02769
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4. Business Phone No. (401) 323-7650	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island  
TO CONDUCT, MAINTAIN AND OPERATE A RESTAURANT AND THE SALE OF FOOD AND GROCERIES AT RETAIL AND WHOLESALE

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

President Name Michael DeCilio	Vice President Name NONE
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Street Address 44 Reynolds Avenue	Street Address
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City Rehoboth	State MA	Zip 02769	City	State	Zip
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Secretary Name Gloria DeCilio	Treasurer Name Gloria DeCilio
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Street Address 44 Reynolds Avenue	Street Address 44 Reynolds Avenue
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City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
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**8. NAMES AND ADDRESSES OF THE DIRECTORS: (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Michael DeCilio	Director Name Gloria DeCilio
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Street Address 44 Reynolds Avenue	Street Address 44 Reynolds Avenue
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City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
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Director Name NONE	Director Name NONE
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Street Address	Street Address
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**9. SHARES AUTHORIZED** **10. SHARES ISSUED: (\*X\* BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	1,000	Common	No Par Value
<del>THIS SECTION MUST BE COMPLETED</del>			

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: FEB 16 2012  
 Check No.: 942  
 By: \_\_\_\_\_  
 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: [Signature] Date: 2-13-2012  
 Michael DeCilio  
 Print or Type Name  
 President  
 Title