



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 17359		2. Exact name of the Corporation PERROTTI SALES CORPORATION			
3. Principal office address 41 Sharon Drive			City Coventry	State RI	Zip 02816
4. Business Phone No. 821-3200 821-4671		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GLADYS PERROTTI			Vice-President Name GLADYS PERROTTI		
Street Address 41 Sharon Drive			Street Address 41 Sharon Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name GLADYS PERROTTI / Ass't. Sec. JOHN D. BIAFORE			Treasurer Name GLADYS PERROTTI		
Street Address 41 Sharon Drive / 123 Dyer St., Ste. 3B			Street Address 41 Sharon Drive		
City Coventry / Providence	State RI	Zip 02816 / 02903	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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.

FILED

File Date **FEB 21 2012**
 Check No **1723**

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.

Gladys Perrotti 2-17-2012
 Signature of Authorized Representative Date

GLADYS PERROTTI

Print or Type Name of Authorized Representative