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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.	2. Exact name of the Corporation		
4464	DOLCE'S RESTAURANT INC		
3. Principal office address: 287 TAUNTON AVE	City: EAST PROV	State: RI	Zip: 02914
4. Business Phone No.: 401 434-9670	5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island: RESTAURANT			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: JOHN J. BOVI			Vice-President Name: KRISTIN BOVI PALLOTTA		
Street Address: 1 WESLEY ST			Street Address: 56 SAMSON RD.		
City: SEEKONK	State: MA	Zip: 02771	City: N. PROV	State: RI	Zip:
Secretary Name: KRISTIN PALLOTTA			Treasurer Name: JOHN BOVI		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City:	State:	Zip:	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

2012 JUN 21 PM 12:33 SECRETARY OF STATE CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	—	—

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
JUN 21 2012
BY

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

29-173190

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.

John J. Bovi 6/21/12
Signature of Authorized Representative — Date

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
79615-2-738700