



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. 529667		2. Exact name of the Corporation ORI, Inc	
3. Principal office address 7 Main Street		City Slatersville	State RI
		Zip 02876	
4. Business Phone No. 401 765 7777		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island <i>food service, hospitality, food + beverages</i>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Hamide Prifti		Vice-President Name	
Street Address 128 Dorchester Street, Apt 2B <i>change address →</i>		Street Address 48 Nutmeg Drive.	
City Worcester	State MA	Zip 01603	City Worcester
Secretary Name Gerald Prifti		Treasurer Name	
Street Address 48 Nutmeg Drive		Street Address	
City Worcester	State MA	Zip 01603	City Worcester
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
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
City		State	
City		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
		1,000.00	STK
		PAR VALUE	0.01

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.

File Date _____
 Check No. _____
 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.

FILED

JUL 24 2012

BY 1159

G.P. 7.15.12
 Signature of Authorized Representative Date
GERALD PRIFTI
 Print or Type Name of Authorized Representative