



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.

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|--|--------------------|--|--|---------------------|---------------------|
| 1. Entity ID No. 688933 | | 2. Exact name of the Corporation Ritacco INC | | | |
| 3. Principal office address 334 Atwells Ave | | City Providence | State RI | Zip 02903 | |
| 4. Business Phone No. 401 640-8827 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island Restaurant | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Antonio Ritacco | | | Vice-President Name Joseph Ritacco | | |
| Street Address 19 Starr st. | | | Street Address 23 Starr st | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name none | | | Treasurer Name none | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Antonio Ritacco | | | Director Name Joseph Ritacco | | |
| Street Address 19 Starr st | | | Street Address 23 Starr st | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Director Name none | | | Director Name none | | |
| 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 | | .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, the report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **SEP 05 2012**
 Check No: **3:56**
 By: **178237**
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 of Authorized Representative: **[Signature]** Date: **9-5-12**
 Print or Type Name of Authorized Representative: **Antonio Ritacco**