



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 **2013**

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. 82394		2. Exact name of the Corporation Miceli's Furniture, Inc.			
3. Principal office address 19 High Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-5333			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island to own and operate a retail furniture store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph J. Miceli Jr.			Vice-President Name Mary Tudisco		
Street Address 176 Ridge Drive			Street Address 190 Manado Drive		
City Exeter	State RI	Zip 02822	City Naples	State FL	Zip 34113
Secretary Name Joseph J. Miceli Jr.			Treasurer Name Joseph J. Miceli Jr.		
Street Address 176 Ridge Drive			Street Address 176 Ridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph J. Miceli Jr.			Director Name		
Street Address 176 Ridge Drive			Street Address		
City Exeter	State RI	Zip 02822	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
			1000	comm	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.

File Date _____

FILED

Check No _____

JAN 23 2013

By: _____

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.

Joseph J. Miceli Jr. Jan 21, 2013
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY 1049

Joseph J. Miceli Jr.
 Print or Type Name of Authorized Representative