



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. 137645		2. Exact name of the Corporation SCETTA CORPORATION INC		
3. Principal office address 745 MINERAL SPRING AVE		City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401) 725-7919		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SUBWAY SANDWICH SHOP				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name PAT E SCETTA		Vice-President Name PAT E SCETTA		
Street Address 1500 DOUGLAS TURNPIKE		Street Address 1500 DOUGLAS TURNPIKE		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI
Secretary Name PAT E SCETTA		Treasurer Name PAT E SCETTA		
Street Address 1500 DOUGLAS TURNPIKE		Street Address 1500 DOUGLAS TURNPIKE		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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

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

FILED
FEB 20 2013

BY

1586

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.

PAT E SCETTA
Signature of Authorized Representative

2/4/13
Date

PAT E SCETTA
Print or Type Name of Authorized Representative