



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. 104919		2. Exact name of the Corporation Siena, Inc.	
3. Principal office address 238 Atwells Ave.		City Providence	State RI
		Zip 02903	
4. Business Phone No. 401-521-3311		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island To engage in the restaurant business, food preparation business, wholesale and retail purchase and sale of food products.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Anthony M. Tarro		Vice-President Name Christopher Tarro	
Street Address 640 Fletcher Road		Street Address 28 Sophia Lane	
City North Kingstown	State RI	Zip 02852	City Smithfield
			State RI
			Zip 02828
Secretary Name Anthony M. Tarro		Treasurer Name Christopher Tarro	
Street Address 640 Fletcher Road		Street Address 28 Sophia Lane	
City North Kingstown	State RI	Zip 02852	City Smithfield
			State RI
			Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Anthony M. Tarro		Director Name Christopher Tarro	
Street Address 640 Fletcher Road		Street Address 28 Sophia Lane	
City North Kingstown	State RI	Zip 02852	City Smithfield
			State RI
			Zip 02828
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
		200	COMMON
			NO PAR
		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 _____
 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
 MAR 22 2013
 Signature of Authorized Representative: **Christopher Tarro**
 Date: **3/17/13**
 BY **1103** **Christopher Tarro**
 Print or Type Name of Authorized Representative