



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. 558135		2. Exact name of the Corporation Ethan Anthony's Italian Deli, Inc.			
3. Principal office address 2053 Smith Street			City North Providence	State RI	Zip 02911
4. Business Phone No. (401) 349-3040			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Italian Deli					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phoebe Sacada			Vice-President Name Phoebe Sacada		
Street Address 2053 Smith Street			Street Address 2053 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Phoebe Sacada			Treasurer Name Phoebe Sacada		
Street Address 2053 Smith Street			Street Address 2053 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Phoebe Sacada			Director Name		
Street Address 2053 Smith Street			Street Address		
City North Providence	State RI	Zip 02911	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
			1,000	CWP	\$.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 **APR 03 2013**
 Check No _____
 By: **BY PH383 DS**
 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.

Phoebe Sacada
 Signature of Authorized Representative Date
Phoebe Sacada (President)
 Print or Type Name of Authorized Representative