



**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 2014**

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. <b>136509</b>		2. Exact name of the Corporation <b>102 Scituate Corp.</b>	
3. Principal office address <b>383 SMITHFIELD AVENUE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. Business Phone No. <b>4017271380</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>DEAL IN RESTAURANTS, DONUT SHOPS, CAFES, CAFETERIAS, GRILLS, DINERS AND OTHER EATING AND DRINKING PLACES.</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
President Name <b>GUIDO J. PETROSINELLI</b>		Vice-President Name <b>GUIDO J. PETROSINELLI</b>	
Street Address <b>383 SMITHFIELD AVENUE</b>		Street Address <b>383 SMITHFIELD AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>
			State <b>RI</b>
			Zip <b>02860</b>
Secretary Name <b>GUIDO J. PETROSINELLI</b>		Treasurer Name <b>GUIDO J. PETROSINELLI</b>	
Street Address <b>383 SMITHFIELD AVENUE</b>		Street Address <b>383 SMITHFIELD AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>
			State <b>RI</b>
			Zip <b>02860</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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	
		51	Class A Common Voting
	49	Class B Common-Nonvoting	0.00

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**

**JAN 08 2014**

BY **5058**

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

Date

**GUIDO J. PETROSINELLI**

Print or Type Name of Authorized Representative