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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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2

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.	2. Exact name of the Corporation		
000794145	**JOHN & ILIDIO, INC.**		
3. Principal office address: **50 SYCAMORE DRIVE**	City: **CRANSTON**	State: **RI**	Zip: **02921**
4. Business Phone No.: **401-443-0012**	5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **FOOD AND BEVERAGE**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **ILIDIO M. VINCENTE**			Vice-President Name: **JOHN AUGER**		
Street Address: **22 DIVISION STREET**			Street Address: **50 SYCAMORE DRIVE**		
City: **SEEKONK**	State: **MA**	Zip: **02771**	City: **CRANSTON**	State: **RI**	Zip: **02921**
Secretary Name: **JOHN AUGER**			Treasurer Name: **JOHN AUGER**		
Street Address: **50 SYCAMORE DRIVE**			Street Address: **50 SYCAMORE DRIVE**		
City: **CRANSTON**	State: **RI**	Zip: **02921**	City: **CRANSTON**	State: **RI**	Zip: **02921**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **JOHN AUGER**			Director Name: **ILIDIO M. VINCENTE**		
Street Address: **50 SYCAMORE DRIVE**			Street Address: **22 DIVISION STREET**		
City: **CRANSTON**	State: **RI**	Zip: **02921**	City: **SEEKONK**	State: **MA**	Zip: **02771**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	.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.

FILED
JAN 2 8 2014
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BY

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.

Signature of Authorized Representative — Date: 1/27/2014

JOHN AUGER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012