



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. 61178		2. Exact name of the Corporation DEVILLE'S, INC.			
3. Principal office address 345 SOUTH MAIN STREET (BLDG. REAR)		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-383-8883		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE/TAVERN					2014 FEB 26 PM 2:27 SECRETARY OF STATE CORPORATIONS DIV
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GINA M. BARTOLOMUCCI		Vice-President Name GINA M. BARTOLOMUCCI			
Street Address 25 HIGGINS STREET, UNIT #108		Street Address 25 HIGGINS STREET, UNIT #108			
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name		Treasurer Name GINA M. BARTOLOMUCCI			
Street Address		Street Address 25 HIGGINS STREET, UNIT #108			
City	State	Zip	City SMITHFIELD	State RI	Zip 02917
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	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
			200	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 _____ **FILED 2:27 pm**
 Check No _____ **FEB 26 2014**
 By: _____ **218397**
 FOR SECRETARY OF STATE USE ONLY **KM**

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.

Gina M. Bartolucci
 Signature of Authorized Representative Date **2/21/14**
GINA M. BARTOLOMUCCI, PRESIDENT
 Print or Type Name of Authorized Representative