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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

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.	2. Exact name of the Corporation			
127680	**Fauci's Cafe, Inc.**			
3. Principal office address: **335 Jefferson Blvd.**		City: **Warwick**	State: **RI**	Zip: **02888**
4. Business Phone No.: **401-736-0006**		5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **To own and operate a restaurant**				

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

President Name: **Susan Giannini**			Vice-President Name: **Kenneth LaFauci**		
Street Address: **14 Roger Williams Drive**			Street Address: **24 Redwood Drive**		
City: **Greenville**	State: **RI**	Zip: **02828**	City: **North Providence**	State: **RI**	Zip: **02911**
Secretary Name: NONE			Treasurer Name: **Bernie Maceroni**		
Street Address:			Street Address: **141 Freeman Parkway**		
City:	State:	Zip:	City: **Providence**	State: **RI**	Zip: **02906**

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

Director Name: **None**			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

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
100	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.

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.

✓ Susan Giannini ✓ 2/27/14
Signature of Authorized Representative Date

Susan Giannini
Print or Type Name of Authorized Representative

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR [illegible] 2014
BY 11185

Form No. 630
Revised: 01/2012

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