



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. <u>113991</u>		2. Exact name of the Corporation <u>Spirito's Restaurant at the Sea of Italy</u>			
3. Principal office address <u>36 BelField DR</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
4. Business Phone No. <u>401-434-4435</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant serving of Fed's Burger</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Gregory J Spirito</u>			Vice-President Name <u>David M Spirito</u>		
Street Address <u>36 BelField DR</u>			Street Address <u>11 South Fairview ST</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Secretary Name <u>Gregory J Spirito</u>			Treasurer Name <u>David M Spirito</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					

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

File Date _____
 Check No JUN 02 2014
 By: BY 116073
 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.

Gregory Spirito 5-23-2014
 Signature of Authorized Representative Date
Gregory Spirito
 Print or Type Name of Authorized Representative