



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.<br><u>798196</u>                                                                                                                          |       | 2. Exact name of the Corporation<br><u>Dante's Kitchen Inc.</u> |                                                                            |                     |           |
| 3. Principal office address<br><u>315 Main Street</u>                                                                                                      |       | City<br><u>East Greenwich</u>                                   | State<br><u>RI</u>                                                         | Zip<br><u>02818</u> |           |
| 4. Business Phone No.<br><u>401. 398. 7798</u>                                                                                                             |       | 5. State of Incorporation<br><u>RI</u>                          |                                                                            |                     |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><u>Restaurant - Full Service w/ lig. lic.</u>                               |       |                                                                 |                                                                            |                     |           |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                        |       |                                                                 |                                                                            |                     |           |
| President Name<br><u>Lisa Aitheri</u>                                                                                                                      |       |                                                                 | Vice-President Name                                                        |                     |           |
| Street Address<br><u>same as above</u>                                                                                                                     |       |                                                                 | Street Address                                                             |                     |           |
| City                                                                                                                                                       | State | Zip                                                             | City                                                                       | State               | Zip       |
| Secretary Name                                                                                                                                             |       |                                                                 | Treasurer Name                                                             |                     |           |
| Street Address                                                                                                                                             |       |                                                                 | Street Address                                                             |                     |           |
| City                                                                                                                                                       | State | Zip                                                             | City                                                                       | State               | Zip       |
| <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 |
|                                                                                                                                                            |       |                                                                 |                                                                            |                     |           |
|                                                                                                                                                            |       |                                                                 |                                                                            |                     |           |

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SECRETARY OF STATE  
CORPORATIONS DIV

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

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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

Print or Type Name of Authorized Representative