RI SOS Filing Number: 201452394280 Date: 12/23/2014 4:00 PM

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 2015

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		
5 144303	SAN VIVALDO TRATTORIA INC.		
3. Principal office address: 570 PROVIDENCE ST.	City: W. WARWICK	State: RI	Zip: 02893
4. Business Phone No.: 401 - 8288100	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: 26 SEATS SEAT DOWN RESTAURANT PIZZERIA			

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

President Name: ALFIERO BIGAZZI		Vice-President Name: ANTONY PAOLINO	
Street Address: 580 PROVIDENCE ST		Street Address: 401 BROADWAY	
City: W. WARWICK	State: RI Zip: 02893	City: PROVIDENCE	State: RI Zip: 02909
Secretary Name: ALFIERO BIGAZZI		Treasurer Name	
Street Address: 580 PROVIDENCE ST.		Street Address: SAME AS ABOVE	
City: W. WARWICK	State: RI Zip: 02893	City	State Zip

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

Director Name: ALFIERO BIGAZZI		Director Name	
Street Address: 580 PROVIDENCE ST		Street Address	
City: W. WARWICK	State: RI Zip: 02893	City	State Zip
Director Name: GEORGE HOWE		Director Name	
Street Address: 580 PROVIDENCE ST		Street Address	
City: W. WARWICK	State: RI Zip: 02893	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	A	$ 0.00

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.

Signature of Authorized Representative — Date: 12-20-14

Print or Type Name of Authorized Representative: ALFIERO BIGAZZI

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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DEC 23 2014

By 249

Form No. 635
Revised: 01/2012

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