

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.

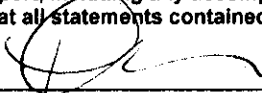
1. Entity ID No. 551446		2. Exact name of the Corporation ILLVET CORP			
3. Principal office address 224 POST ROAD, UNIT 3			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-322-1901			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island PIZZERIA					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name PASQUALE ILLIANO			Vice-President Name		
Street Address 12 PICKERING DR			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name VALENTINO SCOTTO DICESARE			Treasurer Name MICHELE SCOTTO DICESARE		
Street Address 6 BARKLEY LANE			Street Address 17 TORLEN CT		
City NESCONSET	State NY	Zip 11767	City HAUPPAUGE	State NY	Zip 11788
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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)		
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
			1000	COMMON	01

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
JAN 22 2015

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 1/22/15

PASQUALE ILLIANO
 Print or Type Name of Authorized Representative

BY 2128