



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. 688933		2. Exact name of the Corporation Ritacco Inc			
3. Principal office address 336 Atwells Avenue		City Providence		State RI	Zip 02903
4. Business Phone No. (401) 455-1200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donny M. Sanchez			Vice-President Name Vacant		
Street Address 81 Sackett Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Donny M. Sanchez			Treasurer Name Donny M. Sanchez		
Street Address 81 Sackett Street			Street Address 81 Sackett Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donny M. Sanchez			Director Name		
Street Address 81 Sackett Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		.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

MAY 04 2015

FOR SECRETARY OF STATE USE ONLY

BY **248215**

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

Donny M. Sanchez

Print or Type Name of Authorized Representative