



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92500 2. Name of Corporation Portabella Inc.  
3. Street Address Principal Business Office 1235 Wampanoag Trail City East Providence State RI Zip 02915  
4. Business Phone No. (401)433-0880 5. State of Incorporation RI 6. SIC Code 3081  
7. Brief Description of the Character of Business Conducted in Rhode Island Italian Bakery and Deli

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <u>Matteo Ruolo</u>	Vice President Name <u>Lisa Ruolo</u>
Street Address <u>341 George Waterman Road</u>	Street Address <u>341 George Waterman Road</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>none</u>	Treasurer Name <u>none</u>
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <u>none</u>	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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>2000</u>	<u>Common Stock</u>	<u>No par value</u>

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common Stock</u>	<u>No par value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-19-99  
Check No.: 2838  
By: AMF

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.  
Lisa Ruolo 8/18/99  
Signature of Officer Date  
Lisa Ruolo  
Print or Type Name of Officer  
Vice President  
Title of Officer