## 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 CORPOR Filing Period: January 1 - March	ATION AI	NNUAL REPOR	RT FOR THE	YEAR	DOTO	·
Filing Fee: \$50.00 • FAILURE				00 PENALTY FEE.		
1. Entity ID No.	2. Exact name of the Corporation					
	VALVET CORP IF RHOW ISKND					
000121523	VALVET CO	orp It Khow I	Skind			
Principal office address	City		State	Zip		
130 GRANITE STREET			WESTERLY R		RI	02891
Business Phone No.	5. State of Incorporation					
401-348-5050	RI					
<ol><li>Brief description of the char</li></ol>	acter of business	conducted in Rhode Island	d			
PIZZERIA/RESTAU						
7. LIST ALL OFFICERS (NAM	IES AND ADDRE	SSES) ("X" BOX FOR AT	TACHMENT)			
President Name	Vice-President Name					
PASQUALE ILLIAN						
Street Address			Street Address			
12 PICKERING DRIVE						
City	State	Zip	City	State		Zip
WESTERLY	RI	02891				
Secretary Name	Treasurer Name					
MICHELE SCOTTO DICESARE			VALENTINO SCOTTO DICESARE			
Street Address			Street Address			
17 TORLEN CT			6 BARKLEY LANE			
City	State	Zip	City	State		Zip
HAUPPAUGE	NY	11788	NESCONSET	NY		11767
8. LIST ALL DIRECTORS (NA	MES AND ADDR	RESSES) ("X" BOX FOR A	ATTACHMENT)			
Director Name			Director Name			
Street Address			Street Address			
~	1					
City	State	Zip	City	State		Zip
B	1					
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	ŀ	Zip
9. SHARES AUTHORIZED			40 CHARTE ICE	HEO WYW BOY FOR	ATTACHNIC	*****
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 ATTACHME NUMBER OF SHARES   CLASS/SERIES		PAR VALUE	
			2450	GLASS/SERIES		PAR VALUE
			3720	COMMON		
This report must be execu	ted on hehalf of t	he compration by an author	rized representative. If	the corporation is in t	he hands of	f a receiver or trustee
This report must be execu		ne corporation by an authorust be executed on behalf				a receiver of trustee,
5/0000000000000000000000000000000000000	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·			that I have arranged to
File Date						that I have examined edules and statements

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Check No \_\_\_\_

Revised: 01/2012

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and that all statements contailined herein are true and correct.

Signature of Authorized Representative

PASQUALE ILLIANO

Print or Type Name of Authorized Representative