



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 2016

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. 117743		2. Exact name of the Corporation L. CALVITTO'S PIZZA & BAKERY, INC.			
3. Principal office address 91 Point Judith Rd.		City Narragansett		State RI	Zip 02882
4. Business Phone No. (401) 783-8086		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To conduct a bakery and make sales at retail and wholesale of all bakery products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name RONALD A. RAMIERI			Vice-President Name RONALD A. RAMIERI		
Street Address 259 Chestnut Hill Rd.			Street Address 259 Chestnut Hill Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name RONALD A. RAMIERI			Treasurer Name RONALD A. RAMIERI		
Street Address 259 Chestnut Hill Rd.			Street Address 259 Chestnut Hill Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name RONALD A. RAMIERI			Director Name		
Street Address 259 Chestnut Hill Rd.			Street Address		
City Wakefield	State RI	Zip 02879	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
			100	Common	No Par Value

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 11 2015

By: **OS 20125**

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

12/24/15
Date

RONALD A. RAMIERI

Print or Type Name of Authorized Representative