



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. 104919 | | 2. Exact name of the Corporation Siena, Inc. | | | |
| 3. Principal office address 125 Federal Street | | | City Providence | State RI | Zip 02903 |
| 4. Business Phone No. 401-270-3270 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island To engage in the restaurant business, food preparation business, wholesale and retail purchase and sale of food products | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name Anthony M. Tarro | | | Vice-President Name Christopher Tarro | | |
| Street Address 640 Fletcher Road | | | Street Address 28 Sophia Lane | | |
| City North Kingstown | State RI | Zip 02852 | City Smithfield | State RI | Zip 02828 |
| Secretary Name Anthony M. Tarro | | | Treasurer Name Christopher Tarro | | |
| Street Address 640 Fletcher Road | | | Street Address 28 Sophia Lane | | |
| City North Kingstown | State RI | Zip 02852 | City Smithfield | State RI | Zip 02828 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| Director Name Anthony M. Tarro | | | Director Name Christopher Tarro | | |
| Street Address 640 Fletcher Road | | | Street Address 28 Sophia Lane | | |
| City North Kingstown | State RI | Zip 02852 | City Smithfield | State RI | Zip 02828 |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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 |
| | | | 200 | COMMON | NO PAR |

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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

MAR 14 2016

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

Christopher Tarro

Print or Type Name of Authorized Representative

3/11/16
Date

BY Ma269965