



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. 32296		2. Exact name of the Corporation Frank DeClemente's, Inc.			
3. Principal office address 681 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. 401-521-4100			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General Merchandising Sales of Televisions, Appliances, and any other retail, Sales and Leasing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Kathleen Giorgi			Vice-President Name Kathleen Giorgi		
Street Address 7 Scralia Road			Street Address 7 Scralia Road		
City Cranston	State RI	Zip 02918	City Cranston	State RI	Zip 02918
Secretary Name Brian A. Goldman, Secretary			Treasurer Name Kathleen Giorgi		
Street Address 681 Smith Street			Street Address 7 Scralia Road		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02918
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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)		
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

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 CORPORATIONS DIV
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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: _____
 City: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 28 2016

By A.A.
271051

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.

Brian A. Goldman 2/22/16
 Signature of Authorized Representative Date
Brian A. Goldman, Secretary
 Print or Type Name of Authorized Representative