



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
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2016 DEC 29 AM 11:51  
RECEIVED  
RI DEPT OF STATE  
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2017

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
9464	DOLCE'S RESTAURANT, INC.

3. Principal Office Address	City	State	Zip
287 TAUNTON AVENUE	EAST PROVIDENCE	RI	02914

4. Business Phone Number	5. State of Incorporation
	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
RESTAURANT

7. List ALL officers (names and addresses)	Check the box to indicate an attachment <input type="checkbox"/>
President Name	Vice-President Name
JOHN J. BOVI	N/A

Street Address	Street Address
1 WESLEY ST.	

City	State	Zip	City	State	Zip
SEEKONK	MA.	02771			

Secretary Name	Treasurer Name
JOHN J. BOVI	JOHN J. BOVI

Street Address	Street Address
	1 WESLEY ST.

City	State	Zip	City	State	Zip
			SEEKONK	MA	02771

8. List ALL directors (names and addresses)	Check the box to indicate an attachment <input type="checkbox"/>
Director Name	Director Name

Street Address	Street Address

City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued	Check box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	250	

	PAR VALUE
	0

11. 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.

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.

Name of Authorized Representative	Date
<i>[Signature]</i>	12/29

Signature of Authorized Representative	SIGN DOCUMENT HERE
<i>[Signature]</i>	

FILED

DEC 29 2016

By *[Signature]* 291944