



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 DIVISION OF BUSINESS SERVICES

1. Entity ID Number 20447	2. Exact name of the Corporation Les's Riccotti's of Bristol, Inc.
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3. Principal Office Address 11 Gooding Avenue	City Bristol	State RI	Zip 02809
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4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island Restaurant
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>
President Name Joanne A. Hubbard			Vice-President Name Leslie J. Hubbard			
Street Address 9 Echo Farm Drive			Street Address 9 Echo Farm Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Secretary Name None			Treasurer Name Joanne A. Hubbard			
Street Address			Street Address 9 Echo Farm Drive			
City	State	Zip	City Bristol	State RI	Zip 02809	

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joanne A. Hubbard			Director Name Leslie J. Hubbard			
Street Address 9 Echo Farm Drive			Street Address 9 Echo Farm Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	

9. Shares Authorized	10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.	1,000	Common	No Par	

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 Joanne A. Hubbard	Date 1/7/17
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Signature of Authorized Representative	SIGN DOCUMENT HERE	<i>Joanne Hubbard</i>
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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