



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.

1. Entity ID Number 001666050		2. Exact name of the Corporation Audino, Inc.		
3. Principal Office Address 126 Corn Neck Road		City New Shoreham	State RI	Zip 02807
4. NAICS Code 44-45 - Retail Trade	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 Brenna R. Audino		Vice-President Name Ross Audino		
Street Address P.O. Box 174		Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI Zip 02807
Secretary Name Ross Audino		Treasurer Name Brenna R. Audino		
Street Address P.O. Box 174		Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Brenna R. Audino		Director Name Ross Audino		
Street Address P.O. Box 174		Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI Zip 02807
Director Name		Director Name		
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. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE		
		10000	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 BRENNA AUDINO				Date 1/8/17
Signature of Authorized Representative <i>Brenna Audino</i>				

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 19 2017

FORM 630 - Revised: 10/2016

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