



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 112064		2. Exact name of the Corporation Ferrucci's Restaurant, Incorporated			
3. Principal Office Address 1246 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 72 - Accommodation and Food Services		6. Brief description of the character of business conducted in Rhode Island Sale of food in a Restaurant Setting			
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 Michael Ferrucci			Vice-President Name Donna Ferrucci		
Street Address 167 Hope Furnace Road			Street Address 167 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Donna Ferrucci			Treasurer Name Michael Ferrucci		
Street Address 167 Hope Furnace Road			Street Address 167 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Ferrucci			Director Name Donna Ferrucci		
Street Address 167 Hope Furnace Road			Street Address 167 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		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 Michael Ferrucci				Date 1-12-17	
Signature of Authorized Representative				FILED	
SIGN DOCUMENT HERE				IAN 23 2017	

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

BY **12037**

FORM 630 - Revised: 10/2016