



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 4487		2. Exact name of the Corporation ROMANO INVESTMENTS, INC.			
3. Principal Office Address 2077 Evans Prairie Trail			City The Villages	State FL	Zip 32163
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island Development, design, production, sales, distribution and maintenance of printing equipment, materials, products and printed matter.			
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 Raymond G. Menna			Vice-President Name Kenneth R. Menna		
Street Address 2077 Evans Prairie Trail			Street Address 4 Hummingbird Lane		
City The Villages	State FL	Zip 32163	City Cranston	State RI	Zip 02921
Secretary Name Raymond G. Menna			Treasurer Name Raymond G. Menna		
Street Address 2077 Evans Prairie Trail			Street Address 2077 Evans Prairie Trail		
City The Villages	State FL	Zip 32163	City The Villages	State FL	Zip 32163
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond G. Menna			Director Name		
Street Address 2077 Evans Prairie Trail			Street Address		
City The Villages	State FL	Zip 32163	City	State	Zip
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	
500		COM		NO PAR VALUE	
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 Raymond G. Menna				Date 2/8/17	
Signature of Authorized Representative 				FEB 13 2017 1014	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016