



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 66118		2. Exact name of the Corporation PASTA PATCH, INC.			
3. Principal Office Address 183 FORGE ROAD			City WARWICK	State RI	Zip 02818
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island ENGAGING IN THE PROCESSING OF FOOD PRODUCTS			
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 FERNANDA ROURKE			Vice-President Name FERNANDA ROURKE		
Street Address 183 FORGE ROAD			Street Address 183 FORGE ROAD		
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818
Secretary Name FERNANDA ROURKE			Treasurer Name FERNANDA ROURKE		
Street Address 183 FORGE ROAD			Street Address 183 FORGE ROAD		
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FERNANDA ROURKE			Director Name		
Street Address 183 FORGE ROAD			Street Address		
City WARWICK	State RI	Zip 02818	City	State	Zip
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
			100		COMMON
					PAR VALUE
					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 FERNANDA ROURKE					Date 2/13/17
Signature of Authorized Representative <i>Fernanda Rourke</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
 SIGN DOCUMENT HERE
FEB 15 2017
 BY 10735 DS