



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 5854		2. Exact name of the Corporation FERRANTI ENTERPRISES, INC.			
3. Principal Office Address 29 Lark Industrial Parkway			City Smithfield	State RI	Zip 02828
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Novelty sales.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Ferranti			Vice-President Name Kathleen Ferranti		
Street Address 29 Lark Industrial Parkway			Street Address 29 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Kathleen Ferranti			Treasurer Name Kathleen Ferranti		
Street Address 29 Lark Industrial Parkway			Street Address 29 Lark Industrial Parkway		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Ferranti			Director Name None		
Street Address 29 Lark Industrial Parkway			Street Address		
City Smithfield	State RI	Zip 02828	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			400		
			common		
			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 Michael Ferranti				Date 2/21/2017	
Signature of Authorized Representative 					

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
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