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

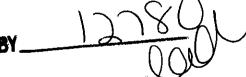
→ Penalty: Additional \$2								
1. Entity ID Number 127680		2. Exact name of the Corporation Fauci's Cafe, Inc.						
3. Principal Office Address 335 Jefferson Blvd.			City Warwick		State RI	Zip 02888		
4. NAICS Code 5. State of Incorporation		cription of the chara d operate a restau		conducted in Rhode	Island			
RI								
7. List ALL officers (names a	and addresses)		1.0 5	Chec	k the box to ir	ndicate an attachment		
President Name Susan Giannini			Vice-President Name Kenneth LaFauci					
Street Address 14 Roger Williams Dr.			Street Address 24 Redwood Dr.					
^{City} Greenville	State RI	^{Zip} 02828	City North Providence		State Ri	^{Zip} 02911		
Secretary Name None	cretary Name None			Treasurer Name Bernie Maceroni				
Street Address			Street Address 141 Freeman Parkway					
City	State	Zip	City Providence		State RI	^{Zip} 02906		
8. List ALL directors (names	and addresses)			Chec	k the box to ir	ndicate an attachment		
Director Name None			Director Nam	ne				
Street Address		Street Address						
City	State	Zip	City		State Zip			
Director Name	<u> </u>		Director Nam	10				
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
. Shares Authorized 10. Shares Is		sued Check the box to indicate an attachment						
This information is currently o	of record in the	NUMBER O		CLASS/SERI		PAR VALUE		
Department of State.		100		Common		No Par		
Changes require an additional	i filing,							
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in th	ne hands of a receiver or		
rustee, this report must be e Under penalty of perjury, I	declare and affirm	that I have examin	ed this report,	trustee. <i>including any acco</i>	mpanying sc	hedules and		
statements, and that all sta Name of Authorized Represe		l herein are true an	d correct.		ID-4-			
Susan Giannini, President	anaave		FILE	:n	Date	10/17		
Signature of Authorized Repr	resentative		PILE		/_			
· Sugar Gia		artik tot	EFR 2	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



FORM 630 - Revised: 02/2017