



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 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 581	6. Brief description of the character of business conducted in Rhode Island To own and operate a restaurant				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	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 Susan Giannini, President				Date 2/10/17	
Signature of Authorized Representative <i>Susan Giannini</i>				FILED FEB 21 2017	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

BY 12780
each

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