



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 <b>1656953</b>		2. Exact name of the Corporation <b>Betty's Confections, Inc.</b>			
3. Principal Office Address <b>2197 Broad Street</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a retail candy store, and another other legal business</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Paula A. Pecchia-Esposito</b>			Vice-President Name <b>Paula A. Pecchia-Esposito</b>		
Street Address <b>2197 Broad Street</b>			Street Address <b>2197 Broad Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Paula A. Pecchia-Esposito</b>			Treasurer Name <b>Paula A. Pecchia-Esposito</b>		
Street Address <b>2197 Broad Street</b>			Street Address <b>2197 Broad Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>		<b>common</b>		<b>.01</b>	
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 <b>Paula A. Pecchia-Esposito</b>					Date <b>2/20/2017</b>
Signature of Authorized Representative <i>Paula A. Pecchia-Esposito</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

BY

**FILED**  
FEB 23 2017

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