



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2017
Corporation

FOR

- 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 62155		2. Exact name of the Corporation Renecon, Inc.			
3. Principal Office Address 50 Cedar Swamp Road, Unit 1			City Smithfield	State RI	Zip 02917
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Operation of a Fast Food Restaurant			
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 Kenneth Rianna			Vice-President Name Robert K. Rianna		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address 50 Cedar Swamp Road, Unit 1		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Julie A. Romano			Treasurer Name Julie A. Romano		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address 50 Cedar Swamp Road, Unit 1		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth Rianna			Director Name Robert K. Rianna		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address 50 Cedar Swamp Road, Unit 1		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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 Robert K. Rianna					Date 2/27/17
Signature of Authorized Representative <i>[Handwritten Signature]</i>					
SIGN DOCUMENT HERE <i>[Handwritten Initials]</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

FEB 27 2017

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