



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 115728		2. Exact name of the Corporation EURO BISTRO, INC.			
3. Principal Office Address 441 Atwells Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island RESTAURANTEURS, CATERERS, INN-KEEPERS, SUPPLIERS, PREPARERS, SERVERS AND DISPENSERS OF FOOD AND DRINK.			
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 M. Turchetta			Vice-President Name Sandra C. Turchetta		
Street Address 52 Lynde Street			Street Address 52 Lynde Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Kenneth M. Turchetta			Treasurer Name Sandra C. Turchetta		
Street Address 52 Lynde Street			Street Address 52 Lynde Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth M. Turchetta			Director Name None		
Street Address 52 Lynde Street			Street Address		
City Providence	State RI	Zip 02909	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		
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 Kenneth M. Turchetta			FILED		Date 2/27/17
Signature of Authorized Representative <i>[Signature]</i>			MAR 02 2017		

MAIL TO:
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 Website: www.sos.ri.gov