



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 140862		2. Exact name of the Corporation Via Roma, Inc.									
3. Principal Office Address 308 Atwells Avenue			City Providence	State RI	Zip 02903						
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island To operate a restaurant, catering and food service business.									
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 Rosanna Grillo			Vice-President Name Domenic Ierfino								
Street Address 308 Atwells Avenue			Street Address 308 Atwells Avenue								
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903						
Secretary Name Rosanna Grillo			Treasurer Name Domenic Ierfino								
Street Address 308 Atwells Avenue			Street Address 308 Atwells Avenue								
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Rosanna Grillo			Director Name Domenic Ierfino								
Street Address 308 Atwells Avenue			Street Address 308 Atwells Avenue								
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903						
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								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	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 Domenic Ierfino				Date 2/23/17							
Signature of Authorized Representative <i>Domenic Ierfino</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

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FORM 500 - Revised: 02/2017