



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

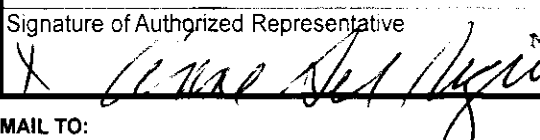
Annual Report for the year: **2017**

## 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>157474</b>		2. Exact name of the Corporation <b>ANNE DELNIGRO, INCORPORATED</b>												
3. Principal Office Address <b>53 COLUMBUS AVENUE</b>		City <b>NO. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>									
4. NAICS Code <b>81 - Other Services (except Pub</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE PERSONAL CONSULTING.</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>ANNE DELNIGRO</b>		Vice-President Name <b>SAME</b>												
Street Address <b>53 COLUMBUS AVENUE</b>		Street Address												
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip									
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
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 <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>100</b></td><td><b>COMMON</b></td><td><b>\$1.00</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMMON</b>	<b>\$1.00</b>			
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<b>100</b>	<b>COMMON</b>	<b>\$1.00</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. <b>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.</b>														
Name of Authorized Representative <b>ANNE DELNIGRO</b>				Date <b>02/25/2017</b>										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 20 2017

BY

FILED

3/16/17

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FORM 630 - Revised: 02/2017