



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 4241		2. Exact name of the Corporation CIUNCI, INC.			
3. Principal Office Address 88 Point Judith Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Own and operate a car wash and laundromat			
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 Domenic A. Ciunci			Vice-President Name David Cavallaro		
Street Address School Street, Apt. 409			Street Address 585 Black Plain Road		
City Albion	State RI	Zip 02802	City North Smithfield	State RI	Zip 02896
Secretary Name Denise Cavallaro			Treasurer Name Denise Cavallaro		
Street Address 585 Black Plain Road			Street Address 585 Black Plain Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Domenic A. Ciunci			Director Name David Cavallaro		
Street Address School Street, Apt. 409			Street Address 585 Black Plain Road		
City Albion	State RI	Zip 02802	City North Smithfield	State RI	Zip 02896
Director Name Denise Cavallaro			Director Name		
Street Address 585 Black Plain Road			Street Address		
City North Smithfield	State RI	Zip 02896	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		
			200 common no 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 David Cavallaro					Date 3/8/17
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

APR 10 2017

FORM 630 - Revised: 10/2016