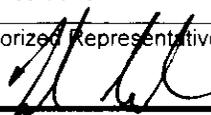




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000121523		2. Exact name of the Corporation VALVET CORP OF RHODE ISLAND			
3. Principal Office Address 130 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Pizzeriza/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 Tyler Carlson			Vice-President Name Mark Lacz		
Street Address 120 Granite Street			Street Address 120 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Michele Scotto DiCesare			Treasurer Name Valentino Scotto DiCesare		
Street Address 17 Torlen Ct			Street Address 6 Barkley Lane		
City Hauppauge	State NY	Zip 11788	City Nesconset	State NY	Zip 11767
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tyler Carlson			Director Name Mark Lacz		
Street Address 120 Granite Street			Street Address 120 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Michele Scotto DiCesare			Director Name Valentino Scotto DiCesare		
Street Address 17 Torlen Ct			Street Address 6 Barkley Lane		
City Hauppauge	State NY	Zip 11788	City Nesconset	State NY	Zip 11767
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			
		3750		Common	
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 Tyler Carlson, President				Date 7/17/17	
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

FILED
 JUL 19 2017
 BY 5133 DS