



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

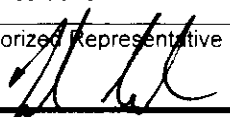
Annual Report for the year: **2017**

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>000121523</b>		2. Exact name of the Corporation <b>VALVET CORP OF RHODE ISLAND</b>			
3. Principal Office Address <b>130 Granite Street</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>Pizzeriza/Restaurant</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>Tyler Carlson</b>			Vice-President Name <b>Mark Lacz</b>		
Street Address <b>120 Granite Street</b>			Street Address <b>120 Granite Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Michele Scotto DiCesare</b>			Treasurer Name <b>Valentino Scotto DiCesare</b>		
Street Address <b>17 Torlen Ct</b>			Street Address <b>6 Barkley Lane</b>		
City <b>Happauge</b>	State <b>NY</b>	Zip <b>11788</b>	City <b>Nesconset</b>	State <b>NY</b>	Zip <b>11767</b>
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>Tyler Carlson</b>			Director Name <b>Mark Lacz</b>		
Street Address <b>120 Granite Street</b>			Street Address <b>120 Granite Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Michele Scotto DiCesare</b>			Director Name <b>Valentino Scotto DiCesare</b>		
Street Address <b>17 Torlen Ct</b>			Street Address <b>6 Barkley Lane</b>		
City <b>Happauge</b>	State <b>NY</b>	Zip <b>11788</b>	City <b>Nesconset</b>	State <b>NY</b>	Zip <b>11767</b>
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>3750</b>		<b>Common</b>			
Changes require an additional filing.					
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>Tyler Carlson, President</b>					Date <b>7/7/17</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

**FILED**

**JUL 19 2017**

**BY 5133 DS**

FORM 630 - Revised: 02/2017