State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 01 2018

BY

Annual Report for the year: 2018

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	2. Exact name of the Corporation
000614494	Two Papas Biscotti Company, Inc

3. Principal Office Address	City	State	Zip
206 Jefferson Rd	Harrisville	RI	02830

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445291	production and sales of biscotti
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Maureen Raspallo			Vice-President Name: Kenneth Raspallo		
Street Address: 206 Jefferson Rd			Street Address: 206 Jefferson Rd		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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	Date
Kenneth Raspallo	2-26-18

Signature of Authorized Representative

FILED

SIGN DOCUMENT HERE MAR 01 2018

BY

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

FORM 630 - Revised: 10/2017