



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1–March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

 FOR
 SECRETARY USE DATE
 USE ONLY

1. Entity ID Number 87843		2. Exact name of the Corporation Central 2000, Inc.												
3. Principal Office Address 585 Killingly Street			City Johnston	State RI	Zip 02919									
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island Employment Service.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Leanora M. Napolitano			Vice-President Name Silvio Napolitano III											
Street Address 37 Niverville Street			Street Address 37 Niverville Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Silvio Napolitano III			Treasurer Name Silvio Napolitano III											
Street Address 37 Niverville Street			Street Address 37 Niverville Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Leanora M. Napolitano			Director Name											
Street Address 37 Niverville Street			Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
300	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 Leanora M. Napolitano					Date 1-7-19									
Signature of Authorized Representative <i>Leanora Napolitano</i>					FILED JAN 10 2019 BY 5492 DS									
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