



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.

1. Entity ID Number <b>001666050</b>		2. Exact name of the Corporation <b>Audino, Inc.</b>			
3. Principal Office Address <b>126 Corn Neck Road</b>			City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>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>Brenna R. Audino</b>			Vice-President Name <b>Ross Audino</b>		
Street Address <b>P.O. Box 174</b>			Street Address <b>P.O. Box 174</b>		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>
Secretary Name <b>Ross Audino</b>			Treasurer Name <b>Brenna R. Audino</b>		
Street Address <b>P.O. Box 174</b>			Street Address <b>P.O. Box 174</b>		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</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>Brenna R. Audino</b>			Director Name <b>Ross Audino</b>		
Street Address <b>P.O. Box 174</b>			Street Address <b>P.O. Box 174</b>		
City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			NUMBER OF SHARES		CLASS/SERIES
			10000		Common
This information is currently of record in the Department of State.					No Par
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. <i>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.</i>					
Name of Authorized Representative <b>Brenna Audino</b>					Date <b>12/26/18</b>
Signature of Authorized Representative <i>Brenna Audino</i>					SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 272-3040  
 Website: www.sos.ri.gov

**FILED**  
 JAN 24 2019  
 BY 39736