



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

→ 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 66118		2. Exact name of the Corporation PASTA PATCH, INC.												
3. Principal Office Address 183 FORGE ROAD			City WARWICK	State RI	Zip 02818									
4. NAICS Code 311991		6. Brief description of the character of business conducted in Rhode Island ENGAGING IN THE PROCESSING OF FOOD PRODUCTS												
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 FERNANDA ROURKE			Vice-President Name FERNANDA ROURKE											
Street Address 183 FORGE ROAD			Street Address 183 FORGE ROAD											
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818									
Secretary Name FERNANDA ROURKE			Treasurer Name FERNANDA ROURKE											
Street Address 183 FORGE ROAD			Street Address 183 FORGE ROAD											
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name FERNANDA ROURKE			Director Name											
Street Address 183 FORGE ROAD			Street Address											
City WARWICK	State RI	Zip 02818	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>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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100	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 FERNANDA ROURKE					Date 1/23/19									
Signature of Authorized Representative <i>Fernanda Rourke</i> FILED <i>2</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 28 2019

BY

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FORM 630 - Revised: 10/2017