



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

STAMP

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1. Entity ID Number 114982		2. Exact name of the Corporation SPIRITO SEWING CENTER, INC.			
3. Principal Office Address 844 Admiral Street			City Providence	State RI	Zip 02904
4. NAICS Code 811412		6. Brief description of the character of business conducted in Rhode Island The purchase, sale and repair of sewing machines and related products and any other lawful business.			
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 Michelle P. Tricarico			Vice-President Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michelle P. Tricarico			Treasurer Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelle P. Tricarico			Director Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
					PAR VALUE
					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. <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 Michelle P. Tricarico, President					Date 2/5/19
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

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BY Ch. Ch. 6784