RI SOS Filing Number: 201988125460 Date: 3/1/2019 4:00:00 PM

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.

FILED
MAR 01 2019
BY

STAMP
18399DS

1. Entity ID Number	2. Exact name of the Corporation
108042	CAROL & MARIO CATERING, INC.

3. Principal Office Address	City	State	Zip
60 Quail Hollow Road	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	To engage in the wholesale and retail business of preparing and selling food and drink for human consumption both on and off premises.
5. State of Incorporation: Rhode Island	

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

President Name: Carol Santilli			Vice-President Name: Carol Santilli		
Street Address: 60 Quail Hollow Road			Street Address: 60 Quail Hollow Rod		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Carol Santilli			Treasurer Name: Carol Santilli		
Street Address: 60 Quail Hollow Road			Street Address: 60 Quail Hollow Road		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

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

Director Name: Carol Santilli			Director Name: None		
Street Address: 60 Quail Hollow Road			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	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	Date
Carol Santilli	2-10-2019

Signature of Authorized Representative: Carol Santilli 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

FORM 630 - Revised: 10/2016