



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2019

FILED

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FOR  
VIRAL, APPLICANT  
CORPORATION

1839905

1. Entity ID Number <b>108042</b>		2. Exact name of the Corporation <b>CAROL &amp; MARIO CATERING, INC.</b>		BY _____	
3. Principal Office Address <b>60 Quail Hollow Road</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. NAICS Code <b>72 - Accommodation and Food</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the wholesale and retail business of preparing and selling food and drink for human consumption both on and off premises.</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>Carol Santilli</b>			Vice-President Name <b>Carol Santilli</b>		
Street Address <b>60 Quail Hollow Road</b>			Street Address <b>60 Quail Hollow Rod</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Carol Santilli</b>			Treasurer Name <b>Carol Santilli</b>		
Street Address <b>60 Quail Hollow Road</b>			Street Address <b>60 Quail Hollow Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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>Carol Santilli</b>			Director Name <b>None</b>		
Street Address <b>60 Quail Hollow Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Carol Santilli</b>				Date <b>2-10-2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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