



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
AUG 19 2019
2019 JUN -3 AM 11:44

BY

8378-8524 DS

1. Entity ID Number 44556		2. Exact name of the Corporation F. BIANCO OF RHODE ISLAND, INC.			
3. Principal Office Address 467 ANGELL ST		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF WOMEN'S CLOTHING AND ACCESSORIES			
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 FLORENCE VOCCOLA			Vice-President Name NONE		
Street Address 43 HIGHLAND ST			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FLORENCE VOCCOLA			Director Name		
Street Address 43 HIGHLAND ST			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE 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 FLORENCE VOCCOLA				Date 8/19/2019	
Signature of Authorized Representative <i>Florence Voccola</i>				SIGN DOCUMENT HERE	