RI SOS Filing Number: 202035460970 Date: 2/26/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
FEB 2 6 2020

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
112064	1	Ferrucci's Restaurant, Incorporated					
3. Principal Office Address			City		State	Zip	
1246 Main Street			West Warwi	West Warwick		02893	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722511	Sale of food in a restaurant setting						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and	d addresses)				the box to i	ndicate an attachment 🔲	
President Name Michael Ferrue	Vice-President Name Donna Ferrucci						
Street Address 167 Hope Furn	Street Address 167 Hope Furnace Road						
City Hope	State RI	^{Zip} 02831	City Hope		State RI	^{Zip} 02831	
Secretary Name Donna Ferrucci			Treasurer Name Michael Ferrucci				
Street Address 167 Hope Furnace Road			Street Address 167 Hope Furnace Road				
City Hope	State RI	Zip 02831	City Hope		State RI	^{Zip} 02831	
8. List ALL directors (names a	nd addresses)	<u> </u>		Check	the box to i	ndicate an attachment 🗖	
Director Name Michael Ferruc			Director Name	Donna Ferrucci			
Street Address 167 Hope Furnace Road			Street Address 167 Hope Furnace Road				
City Hope	State RI	Zip 02831	City Hope		State RI	Zip 02831	
Director Name	•		Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	1.	10. Shares Is	sued	Check	the box to i	ndicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES C		ASS/SERIES PAR VALUE		
		200	200		Common		
Changes require an additional f	filing.			·			
11. This report must be execut					oration is in	the hands of a receiver or	
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or tn	ustee.	 		
Under penalty of perjury, I d				ncluding any accor	npanying s	cnedules and	
statements, and that all state Name of Authorized Representations.	nu contect.	Date					
Michael Ferrusci	2/18/20						
Signature of Authorized Repre	esentative	Sign of	OCUMENT HERE		<u> </u>		
	\rightarrow	0,0150					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 10/2"