



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

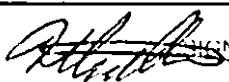
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 05 2020

BY 8282 DS

1. Entity ID Number 001687631		2. Exact name of the Corporation Ronzio Management, Inc.			
3. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Hemang Gandhi			Vice-President Name		
Street Address P.O. Box 74			Street Address		
City Burlington	State MA	Zip 01803	City	State	Zip
Secretary Name Hemang Gandhi			Treasurer Name Hemang Gandhi		
Street Address P.O. Box 74			Street Address P.O. Box 74		
City Burlington	State MA	Zip 01803	City Burlington	State MA	Zip 01803
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Hemang Gandhi			Director Name		
Street Address P.O. Box 74			Street Address		
City Burlington	State MA	Zip 01803	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		2000	Common	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 Hemang Gandhi				Date 2-4-2020	
Signature of Authorized Representative  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