



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

Annual Report for the year: 2020
Corporation

FILED

MAR 30 2020

STAMP

4/10/16

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001666050		2. Exact name of the Corporation Audino, Inc.			
3. Principal Office Address 126 Corn Neck Road			City New Shoreham	State RI	Zip 02807
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant			
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 Brenna R. Audino			Vice-President Name Ross Audino		
Street Address P.O. Box 174			Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Secretary Name Ross Audino			Treasurer Name Brenna R. Audino		
Street Address P.O. Box 174			Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brenna R. Audino			Director Name Ross Audino		
Street Address P.O. Box 174			Street Address P.O. Box 174		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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 10000	CLASSIFICATIONS 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 PER C. VARGAS, ESQ (CRASP)				Date 3/20/2020	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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