



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

Annual Report for the year: 2020
Corporation

FILED

MAY 04 2020

KL 15125

- 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 140862		2. Exact name of the Corporation Via Roma, Inc.			
3. Principal Office Address 308 Atwells Avenue			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To operate a restaurant, catering and food service business.			
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 Rosanna Grillo		Vice-President Name Domenic Ierfino			
Street Address 308 Atwells Avenue		Street Address 308 Atwells Avenue			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rosanna Grillo		Treasurer Name Domenic Ierfino			
Street Address 308 Atwells Avenue		Street Address 308 Atwells Avenue			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rosanna Grillo		Director Name Domenic Ierfino			
Street Address 308 Atwells Avenue		Street Address 308 Atwells Avenue			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		100		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 Domenic Ierfino				Date 4/27/20	
Signature of Authorized Representative					

SEEN DOCUMENT NUMBER

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov