



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
 Corporation

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

FEB 12 2021

3848 OS

1. Entity ID Number <b>82394</b>		2. Exact name of the Corporation <b>Miceli's Furniture, Inc</b>			
3. Principal Office Address <b>19 High Street</b>		City <b>Westerly</b>		State <b>R.I.</b>	Zip <b>02891</b>
4. NAICS Code <b>532420</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail Furniture Store</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph J. Miceli Jr.</b>			Vice-President Name <b>Mary Tudisco</b>		
Street Address <b>176 Bidge Drive</b>			Street Address <b>1248 Manado Drive</b>		
City <b>Exeter,</b>	State <b>R.I.</b>	Zip <b>02822</b>	City <b>Naples,</b>	State <b>FL</b>	Zip <b>34113</b>
Secretary Name			Treasurer Name <b>Joseph J. Miceli Jr.</b>		
Street Address			Street Address <b>176 Bidge Drive</b>		
City	State	Zip	City <b>Exeter</b>	State <b>R.I.</b>	Zip <b>02822</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1000</b>	<b>Comm</b>	<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Joseph Miceli Jr</b>				Date <b>Feb. 05 2021</b>	
Signature of Authorized Representative <i>Joseph Miceli Jr.</i>				<b>CK # 3848</b>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov