



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 22 2021

BY 338161
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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.

1. Entity ID Number 113991		2. Exact name of the Corporation Spirito's Restaurant at the Sons of Italy, Inc.			
3. Principal Office Address 1418 Plainfield Pike			City Cranston	State RI	Zip 02920
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate a food establishment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Spirito			Vice-President Name David M. Spirito		
Street Address 36 Belfield Street			Street Address 11 South Fairview Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name David M. Spirito			Treasurer Name Gregory Spirito		
Street Address 11 South Fairview Street			Street Address 36 Belfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Spirito			Director Name David M. Spirito		
Street Address 36 Belfield Street			Street Address 11 South Fairview Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 200	CLASS/SERIES Common	PAR VALUE 1.00
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 Gregory Spirito				Date 2-26-2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov