



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

**FILED**

**Annual Report for the year:** 2021  
**Corporation**

MAR 5 2021

BY *[Signature]*

- 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 1702868		2. Exact name of the Corporation Vitale, Inc.			
3. Principal Office Address 90 Wayside Drive, Unit 11.			City Cranston	State RI	Zip 02902
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Mental health and health education.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Giusep M. Vitale			Vice-President Name		
Street Address 90 Wayside Drive, Unit 11			Street Address		
City Cranston	State RI	Zip 02902	City	State	Zip
Secretary Name Giusep M. Vitale			Treasurer Name Giusep M. Vitale		
Street Address 90 Wayside Drive, Unit 11			Street Address 90 Wayside Drive Unit 11		
City Cranston	State RI	Zip 02902	City Cranston	State RI	Zip 02902
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	
		100		Common	
		PAR VALUE		\$01	
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 Giusep M. Vitale, President				Date 2/13/21	
Signature of Authorized Representative <i>[Signature]</i>					