



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.

STAMP

MAR 05 2021

BY 1748 DS

1. Entity ID Number 001702128		2. Exact name of the Corporation Ti Adoro, Inc.												
3. Principal Office Address 80 Fountain Street, Suite 95			City Providence	State RI	Zip 02860									
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Design and manufacture of costume jewelry and accessories												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Maria Ruggieri			Vice-President Name Marla Ruggieri											
Street Address 12 Michael Drive			Street Address 12 Michael Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Maria Ruggieri			Treasurer Name Maria Ruggieri											
Street Address 12 Michael Drive			Street Address 12 Michael Drive											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Maria Ruggieri			Director Name None											
Street Address 12 Michael Drive			Street Address None											
City Cranston	State RI	Zip 02920	City None	State None	Zip None									
Director Name None			Director Name None											
Street Address None			Street Address None											
City None	State None	Zip None	City None	State None	Zip None									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td>None</td> <td>None</td> <td>None</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	\$0.00	None	None	None
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		1,000	CNP	\$0.00										
None	None	None												
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 Maria Ruggieri				Date 2/22/2021										
Signature of Authorized Representative 														

MAIL TO:

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