



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.		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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov