



State of Rhode Island and Providence Plantations

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

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 17 PM 3:42

1. Entity ID Number 114982		2. Exact name of the Corporation SPIRITO SEWING CENTER, INC.									
3. Principal Office Address 844 Admiral Street			City Providence	State RI	Zip 02904						
4. NAICS Code 811412	6. Brief description of the character of business conducted in Rhode Island The purchase, sale and repair of sewing machines and related products and any other lawful business.										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Michelle P. Tricarico			Vice-President Name Joseph I. Tricarico								
Street Address 666 River Avenue			Street Address 666 River Avenue								
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908						
Secretary Name Michelle P. Tricarico			Treasurer Name Joseph I. Tricarico								
Street Address 666 River Avenue			Street Address 666 River Avenue								
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name Michelle P. Tricarico			Director Name Joseph I. Tricarico								
Street Address 666 River Avenue			Street Address 666 River Avenue								
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>1000</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	Common	No Par Value									
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 Michelle P. Tricarico, President				Date 3/10/2021							
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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