RI SOS Filing Number: 202199317370 Date: 7/15/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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STAMP

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	2. Exact name of the Corporation
87843	Central 2000, Inc.

3. Principal Office Address	City	State	Zip
585 Killingly Street	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
2990	Employment Service
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Silvio Napolitano III			Vice-President Name: Silvio Napolitano III		
Street Address: 37 Niverville Street			Street Address: 37 Niverville Street		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Silvio Napolitano III			Treasurer Name: Silvio Napolitano III		
Street Address: 37 Niverville Street			Street Address: 37 Niverville 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 ☐

Director Name: Silvio Napolitano III			Director Name:		
Street Address: 37 Niverville Street			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	300	Common	No Par Value
Changes require an additional filing.			

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	Date
Silvio Napolitano III	* 7/14/21

Signature of Authorized Representative: *

FILED
JUL 15 2021
BY 101 AA

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

FORM 630 - Revised: 08/2020