



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 25 2022

BY

1. Entity ID Number 146063		2. Exact name of the Corporation Stefano A, Inc.			
3. Principal Office Address 570 Seven Mile Road			City Hope	State RI	Zip 02831
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Management of companies and enterprises.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stefano G. Altieri			Vice-President Name Stefano G. Altieri		
Street Address 570 Seven Mile Road			Street Address 570 Seven Mile Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Stefano G. Altieri			Treasurer Name Julie A. Altieri		
Street Address 570 Seven Mile Road			Street Address 570 Seven Mile Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stefano G. Altieri			Director Name		
Street Address 570 Seven Mile Road			Street Address		
City Hope	State RI	Zip 02831	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			C. ASS/SERIALS		
			PAR VALUE		
			COMMON		
			NO PAR		
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 Stefano G. Altieri, President				Date 2-12-22	
Signature of Authorized Representative 				SIGN EXHIBIT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov