RLSOS Fil	ing Number: 202	2332199780	Date: 3/31/2023 4	↓·00·00 PM	I		
State of Rhode Island	•					- · · · · ·	
Department of S	State - Busines:	s Services D	ivision				
Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			-	MAR 3 1 2023			
				586	370		
1. Entity ID Number 845		2. Exact name of the Corporation ROBERT AMENDOLARA, INC.					
3. Principal Office Address		·	City	S	tate	Zip	
1375 Wampanoag Trail			Riverside		RI	02915	
4. NAICS Code 541410 5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island Interior designs and furnishings					
7. List ALL officers (names and	addresses)			Check the i	oox to indicat	e an attachment	
President Name Robert Amendolara			Vice-President Name				
Street Address 7 Seal Island			Street Address				
^{City} Bristol	State RI	^{Zip} 02809	City	St	tate RI	^{Zip} 02809	
Secretary Name Robert Amendolara			Treasurer Name Robert Amendolara				
Street Address 7 Seal Island			Street Address 7 Seal Island				
^{City} Bristol	State RI	^{Zip} 02809	^{City} Bristol	St	^{late} RI	^{Zıp} 02809	

		1	
11. This report must be executed on behalf of the corp	poration by an authorized repres	sentative. If the corporation is in t	he hands of a receiver or
trustee, this report must be executed on behalf of the	corporation by the receiver or tr	rustee.	
Under penalty of periury, I declare and affirm that	l have examined this report, i	ncluding any accompanying s	chedules and

Director Name

Street Address

Director Name

Street Address

City

City

0

10. Shares Issued

NUMBER OF SHARES

Zip

Zip

statements, and that all statements contained herein are true and correct.

State

State

Name of Authorized Representative

Date

Check the box to indicate an attachment

0

Check the box to indicate an attachment

Zip

Zip

PAR VALUE

State

State

CLASS/SERIES

0

Signature of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

8. List ALL directors (names and addresses)

Director Name

Street Address

Director Name

Street Address

9. Shares Authorized

Department of State.

City

City

MAIL TO:

Division of Business Services

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

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