



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 07 2023

BY

1. Entity ID Number 3545		2. Exact name of the Corporation CAPRICCIO'S, INC.			
3. Principal Office Address TWO PINE STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island BUSINESS OF OPERATING A RESTAURANT			
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 VINCENZO IEMMA			Vice-President Name		
Street Address 10 KING PHILLIP ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name VINCENZO IEMMA			Treasurer Name VINCENZO IEMMA		
Street Address 10 KING PHILLIP ROAD			Street Address 10 KING PHILLIP ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		CLASS/SERIES
			318.75		COMMON A
			PAR VALUE		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 VINCENZO IEMMA				Date 4/4/23	
Signature of Authorized Representative					