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	2. Exact name of the Corporation			
3545	CAPRICCIO'S, INC.			
3. Principal Office Address		City	State	Zip
TWO PINE STREET		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
318.75	COMMON A	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	Date
VINCENZO IEMMA	4/4/23

Signature of Authorized Representative

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: 2/2023