RI SOS Filing Number: 202333082720 Date: 4/14/2023 4:00:00 PM



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

	STAMP
APR 14	2023
105	202

→ Penalty: Additional \$25.		• •							
1. Entity ID Number 000125399		2. Exact name of the Corporation Nicole Romano, Inc.							
3. Principal Office Address		<del></del> -		City		Zip			
226 South Main Street			Providen	ce	RI	02903			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island							
448150	To Desig	To Design, Fabricate, Construct Retail and Wholesale Fashion Apparel and							
5. State of Incorporation	Accessor	Accessories.							
Rhode Island									
7. List ALL officers (names an	d addresses)	dresses) Check the box to indicate an attachment							
res dent Name Nicole Romano			Vice-President Name Nicole Romano						
Street Address 226 South Main Street			Street Address 226 South Main Street						
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence		State RI	<sup>Zip</sup> 02903			
Secretary Name Nicole Romano			Treasurer Name Nicole Romano						
Street Address 226 South Main Street			Street Address 226 South Main Street						
<sup>City</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 02903	City Providence		State RI	<sup>Zip</sup> 02903			
8. List ALL directors (names a	nd addresses)			C	heck the box to indic	ate an attachment 🗆			
Nicole Romano			Director Name Nicole Romano						
Street Address 226 South Main Street			Street Address 226 South Main Street						
<sup>City</sup> Providence	State RI	<sup>Zıp</sup> 02903	City Providence		State RI	<sup>Z<sub>ip</sub></sup> 02903			
Director Name		<b>.</b>	Director Name	e	<b>,</b>	<u></u>			
Street Address			Street Addres	S					
City	State	Zip	City		State	Zıp			
9. Shares Authorized	<b>_</b>	10. Shares Issued		Check the box to indicate an attachment					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE					
		None							
Changes require an additional filing.									
11. This report must be execu	ted on behalf of the	corporation by an a	uthorized repre	sentative. If the	corporation is in the h	nands of a receiver or			
trustee, this report must be ex	ecuted on behalf of	f the corporation by	the receiver or t	rustee.	<u></u>				
Under penalty of perjury, I d statements, and that all stat			•	incluaing any a	iccompanying sche	guies and			
Name of Authorized Representative				Date		<u>-</u> γ γ			
Signature of Authorized Repre	esentative				2 15	, ~,			
Signature Repre	)								
MAIL TO:						•••			

**Division of Business Services** 

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

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