



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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BUS SVCS DIV
2023 APR 26 P 12:44

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

1. Entity ID Number 4487		2. Exact name of the Corporation Romano Investments, Inc.			
3. Principal Office Address 2077 Evans Prairie Trail			City the Villages	State FL	Zip 32163
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island Development, design, production, sales distribution and maintenance of printing equipment, materials and printed matter			
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 Raymond G. Menna			Vice-President Name Kenneth R. Menna		
Street Address 2077 Evans Prairie Trail			Street Address 4 Hummingbird Lane		
City the Villages	State FL	Zip 32163	City Cranston	State RI	Zip 02921
Secretary Name Raymond G. Menna			Treasurer Name Kenneth R. Menna		
Street Address 2077 Evans Prairie Trail			Street Address 4 Hummingbird Lane		
City the Villages	State FL	Zip 32163	City Cranston	State ri	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond G. Menna			Director Name		
Street Address 2077 Evans Prairie Trail			Street Address		
City the Villages	State FL	Zip 32163	City	State	Zip
Director Name Kenneth R. Menna			Director Name		
Street Address 4 Hummingbird Lane			Street Address		
City Cranston	State RI	Zip 02921	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	PAR VALUE
		500		COM	No Par Value
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 Raymond G. Menna					Date 4/26/2023
Signature of Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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