



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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 5 MAR 2024
FEB 26 2024
BY 14597

1. Entity ID Number 1663660		2. Exact name of the Corporation Fresco Also Inc.												
3. Principal Office Address 67 Shannon Drive			City Warwick	State RI	Zip 02889									
4. NAICS Code 72 2511		6. Brief description of the character of business conducted in Rhode Island Restaurant and any other business activity allowed by law.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name John Walrond			Vice-President Name John Walrond											
Street Address 67 Shannon Drive			Street Address 67 Shannon Drive											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">8000</td> <td style="text-align:center;">common</td> <td style="text-align:center;">no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
8000	common	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 John Walrond, President					Date 2/19/24									
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