



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 25 AM 9:31:25

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.

1. Entity ID Number 568104		2. Exact name of the Corporation Ricci Furniture, Inc.			
3. Principal Office Address 770 Main St			City West Warwick	State RI	Zip 02893
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island Retail Furniture Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Liberato Ricci			Vice-President Name Liberato Ricci		
Street Address 849 Laten Knight Road			Street Address 849 Laten Knight Rd		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Liberato Ricci			Treasurer Name Liberato Ricci		
Street Address 849 Laten Knight Rd			Street Address 849 Laten Knight Rd		
City Cranston	State RI	Zip 02921	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 Liberato Ricci			Director Name		
Street Address 849 Laten Knight Rd			Street Address		
City Cranston	State RI	Zip 02921	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	PAR VALUE
		2000		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 LIBERATO RICCI				Date	
Signature of Authorized Representative 				FILED 931 JUN 25 2024 BY EEMVE 	

MAIL TO:
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