



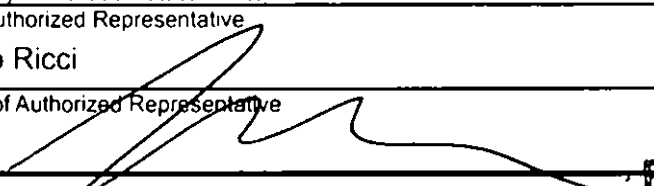
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS

2024 AUG 13 AM 11:20

1. Entity ID Number 001756451		2. Exact name of the Corporation Ricci's Factory Direct, Inc			
3. Principal Office Address 770 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 423310		6. Brief description of the character of business conducted in Rhode Island Retail Sales of Kitchen cabinets and sheds			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Liberato Ricci			Vice-President Name Liberato Ricci		
Street Address 849 Laten Knight Road			Street Address 849 Laten Knight Road		
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 Road			Street Address 849 Laten Knight Road		
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 ☐					
Director Name Liberato Ricci			Director Name		
Street Address 849 Laten Knight Road			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 Check the box to indicate an attachment ☐					
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		
			1000	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 08/08/2024
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

FILED

AUG 13 2024
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FORM 630- Revised 12/2023