



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 MP

FEB 14 2025

BY WSS7

1. Entity ID Number 000125399		2. Exact name of the Corporation Nicole Romano, Inc.			
3. Principal Office Address 226 South Main Street			City Providence	State RI	Zip 02903
4. NAICS Code 448150	6. Brief description of the character of business conducted in Rhode Island To design, fabricate, construct retail and wholesale fashion apparel and accessories.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Nicole Romano			Vice-President Name Nicole Romano		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Nicole Romano			Treasurer Name Nicole Romano		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Nicole Romano			Director Name Nicole Romano		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		
			CLASS/SERIES		
None			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 Nicole Romano					Date 2.11.25
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