State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025
BY 883

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.

1. Entity ID Number	2. Exact name of the Corporation
000538971	138 Main Street, Inc.

3. Principal Office Address	City	State	Zip
84 Oak Street	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Purchase Real Estate
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Ritacco	John Ritacco
Street Address: 84 Oak Street	Street Address: 84 Oak Street
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
Secretary Name: John Ritacco	Treasurer Name: Robert Ritacco
Street Address: 84 Oak Street	Street Address: 84 Oak Street
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert Ritacco	John Ritacco
Street Address: 84 Oak Street	Street Address: 84 Oak Street
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VA. UE
Changes require an additional filing.	2000	Common	No Par

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	Date
Robert Ritacco	2/25/25

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

FORM 630- Revised 12/2023