



State of Rhode Island

Department of State - Business Services Division

REC'D R.I. SOS 35D
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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 114982		2. Exact name of the Corporation SPIRITO SEWING CENTER, INC.			
3. Principal Office Address 1B Justin Circle		City Smithfield	State RI	Zip 02917	
4. NAICS Code 811412		6. Brief description of the character of business conducted in Rhode Island The purchase, sale and repair of sewing machines and related products and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle P. Tricarico			Vice-President Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michelle P. Tricarico			Treasurer Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelle P. Tricarico			Director Name Joseph I. Tricarico		
Street Address 1B Justin Circle			Street Address 1B Justin Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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
			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 Joseph I. Tricarico			FILED		Date 2-20-25
Signature of Authorized Representative <i>Joseph I. Tricarico</i>			MAR 04 2025 BY 8359 AA. 3:13 PM.		

MAIL TO:
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 Website: www.sos.ri.gov