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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2025
BY 162651

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
000005854	Ferranti Enterprises Inc.

3. Principal Office Address	City	State	Zip
1081 Pontiac Avenue, P.O. Box 8690	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424990	Novelty sales.
5. State of Incorporation	
RI	

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

President Name: Michael Ferranti			Vice-President Name: Kathleen Ferranti		
Street Address: 1081 Pontiac Avenue, P.O. Box 8690			Street Address: 1081 Pontiac Avenue, P.O. Box 8690		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Kathleen Ferranti			Treasurer Name: Kathleen Ferranti		
Street Address: 1081 Pontiac Avenue, P.O. Box 8690			Street Address: 1081 Pontiac Avenue, P.O. Box 8690		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

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

Director Name: Michael Ferranti			Director Name: None		
Street Address: 1081 Pontiac Avenue, P.O. Box 8690			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Director Name: None			Director Name: None		
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 VALUE
Changes require an additional filing.	400	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	Date
Michael Ferranti	✓ 2/19/2025

Signature of Authorized Representative: ✓ [signature]

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