



State of Rhode Island
Department of State - Business Services Division

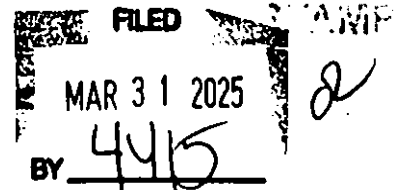
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 6979		2. Exact name of the Corporation AL FORNO, INC.												
3. Principal Office Address 577 South Water Street			City Providence	State RI	Zip 02903									
4 NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Johanne Killeen			Vice-President Name											
Street Address 577 South Water Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Johanne Killeen			Treasurer Name Johanne Killeen											
Street Address 577 South Water Street			Street Address 577 South Water 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 <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	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 Johanne Killeen				Date 3/28/25										
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