



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.

REC'D RI SOS BSD  
25 APR 21 AM 10:00:27

1. Entity ID Number <b>32832</b>		2. Exact name of the Corporation <b>ROSA MIA RISTORANTE, INC.</b>									
3. Principal Office Address <b>133 Greenville Road</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>						
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>									
5. State of Incorporation <b>RI</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>Silvio L. Patriarca</b>			Vice-President Name								
Street Address <b>133 Greenville Road</b>			Street Address								
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip						
Secretary Name <b>Anne Marie Patriarca</b>			Treasurer Name <b>Anne Marie Patriarca</b>								
Street Address <b>133 Greenville Road</b>			Street Address <b>133 Greenville Road</b>								
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>no par value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>no par value</b>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>100</b>	<b>Common</b>	<b>no par value</b>									
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. <b>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.</b>											
Name of Authorized Representative <b>Silvio L. Patriarca</b>				Date <b>4/7/2025</b>							
Signature of Authorized Representative											

**FILED**

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 21 2025

BY 36700

FORM 630- Revised. 12/2023