



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 RHODES BSD
25 APR 21 AM 10:00:27

1. Entity ID Number 32832		2. Exact name of the Corporation ROSA MIA RISTORANTE, INC.			
3. Principal Office Address 133 Greenville Road		City Johnston		State RI	Zip 02919
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 ☐					
President Name Silvio L. Patriarca			Vice-President Name		
Street Address 133 Greenville Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Anne Marie Patriarca			Treasurer Name Anne Marie Patriarca		
Street Address 133 Greenville Road			Street Address 133 Greenville Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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 Silvio L. Patriarca					Date 4/7/2025
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

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