



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollica, Secretary of State
Corporation Division
148 W. Main Street
Providence, RI 02904-0615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Periods: January 1 - March 1 • Filing Fee: \$30.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.C.L. 7-1.3-1501(c), each corporation failing to refuse to file its annual report within thirty (30) days after the time prescribed by law (R.I.C.L. 7-1.3-1501(d)(4)) is subject to a penalty fee of \$25.00.

1. Corporate RI No. 588104		2. Name of Corporation RICCI FURNITURE, INC.			
3. Street Address Principal Business Office 770 MAIN STREET			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-823-0228		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL FURNITURE SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LIBERATO RICCI			Vice President Name LIBERATO RICCI		
Street Address 849 LATEN KNIGHT ROAD			Street Address 849 LATEN KNIGHT ROAD		
City CRANSTON	State RI	Zip 02821	City CRANSTON	State RI	Zip 02821
Secretary Name LIBERATO RICCI			Treasurer Name LIBERATO RICCI		
Street Address 849 LATEN KNIGHT ROAD			Street Address 849 LATEN KNIGHT ROAD		
City CRANSTON	State RI	Zip 02821	City CRANSTON	State RI	Zip 02821
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LIBERATO RICCI			Director Name		
Street Address 849 LATEN KNIGHT ROAD			Street Address		
City CRANSTON	State RI	Zip 02821	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 2000		Class/Series COMMON	Par Value NO PAR VALUE		

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.

FILED

JUL 20 2022
APR 21 2022

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.

File No. _____
 Check No. _____
 No. _____
 FOR THE SECRETARY OF STATE | SE ONLY

Signature _____
 Date _____
 LIBERATO RICCI
 Print or Type Name
 PRESIDENT
 Title