

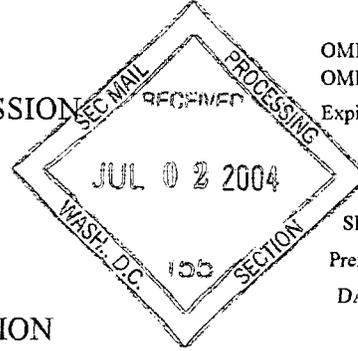


FORM D

04034914

ORIGINAL 1296597

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Scuderia Niosi, LLC

Filing Under (Check box(es) that apply):
 Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

PROCESSED

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Scuderia Niosi, LLC

JUL 08 2004

THOMSON
FINANCIAL

Address of Executive Offices (Number and Street, City, State, Zip Code)
**c/o The Law Offices of Ruthann G. Niosi, Esq. PC
400 Park Avenue, Suite 820
New York, NY 10022**

Telephone Number (Including Area Code) **(212) 980-4052**

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone
Number (Including Area Code)
(if different from Executive Offices)

Brief Description of Business: **Sponsorship of Race Car Drivers**

Type of Business Organization

corporation limited partnership, already formed other (please specify):
 business trust limited partnership, to be formed **Limited Liability Company**

Actual or Estimated Date of Incorporation or Organization: Month Year
[0] 6 [0] 4 [X] Actual [] estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D] [E]

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or Managing Partner

Full Name (Last name first, if individual)
Niosi, Ruthann G. * managing member

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or Managing Partner

Full Name (Last name first, if individual)
Niosi, Anthony T. managing member

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or Managing Partner

Full Name (Last name first, if individual)
Rafaella, LLC managing member

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Galasso, Ralph

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Peters, Patrick

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Reibling, Lorenz

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Law Offices of Ruthann Niosi, Esq., PC 400 Park Avenue, Suite 820, New York, NY 10022

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No
 [] [X]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$10,000*
 *Unless waived by the Company.

3. Does the offering permit joint ownership of a single unit?..... Yes No
 [X] []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

.....
 Full Name (Last name first, if individual)

No broker/dealers at this time, but broker/dealers may participate in the future.

.....
 Business or Residence Address (Number and Street, City, State, Zip Code)

.....
 Name of Associated Broker or Dealer

.....
 States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).

[] All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

.....
 Full Name (Last name first, if individual)

.....
 Business or Residence Address (Number and Street, City, State, Zip Code)

.....
 Name of Associated Broker or Dealer

.....
 States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

[] All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

.....
 Full Name (Last name first, if individual)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

.....
 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security | Aggregate Offering Price | Amount Already Sold |
|--|-----------------------------|------------------------|
| Debt | \$ _____ | \$ _____ |
| Equity | \$ _____ | \$ _____ |
| <input type="checkbox"/> Common <input type="checkbox"/> Preferred | | |
| Convertible Securities (including warrants) | \$ _____ | \$ _____ |
| Partnership Interests | \$ _____ | \$ _____ |
| Other (Specify <u>Membership Interests</u>) | \$ 10,000,000 | \$ 0 |
| Total | \$ 10,000,000 | \$ 0 |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| | Number Investors | Aggregate Dollar Amount of Purchases |
|---|---------------------|---|
| Accredited Investors | 0 | \$ 0 |
| Non-accredited Investors | 0 | \$ 0 |
| Total (for filings under Rule 504 only) | 0 | \$ 0 |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

| Type of offering | Type of Security | Dollar Amount Sold |
|--------------------|------------------|--------------------|
| Rule 505 | | \$ _____ |
| Regulation A | | \$ _____ |
| Rule 504 | | \$ _____ |
| Total | | \$ _____ |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| | |
|---|---|
| Transfer Agent's Fees | <input type="checkbox"/> \$ _____ |
| Printing and Engraving Costs | <input checked="" type="checkbox"/> \$ 6,000 |
| Legal Fees and Blue Sky Fees | <input checked="" type="checkbox"/> \$ 35,000 |
| Accounting Fees | <input type="checkbox"/> \$ _____ |
| Engineering Fees | <input type="checkbox"/> \$ _____ |
| Sales Commissions (specify finders' fees separately) | <input type="checkbox"/> \$ _____ |
| Other Expenses (identify) Escrow Agent, Miscellaneous | <input checked="" type="checkbox"/> \$ 9,000 |
| Total | <input checked="" type="checkbox"/> \$ 50,000 |

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 9,950,000

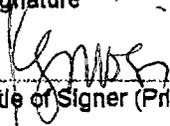
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4. b above.

| | Payments to Officers, Directors, & Affiliates | Payments To Others |
|--|--|-------------------------|
| Salaries and fees, Marketing | [] \$ _____ | [] \$ _____ |
| Purchase of real estate | [] \$ _____ | [] \$ _____ |
| Purchase, rental or leasing and installation of machinery and equipment | [] \$ _____ | [] \$ _____ |
| Construction or leasing of plant buildings and facilities..... | [] \$ _____ | [] \$ _____ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | [] \$ _____ | [] \$ _____ |
| Repayment of indebtedness | [] \$ _____ | [] \$ _____ |
| Working capital | [X] \$ <u>9,950,000</u> | [] \$ _____ |
| Other (specify): _____ | [] \$ _____ | [] \$ _____ |
| <hr/> | | |
| Column Totals | [X] \$ <u>9,950,000</u> | [] \$ _____ |
| Total Payments Listed (column totals added) | | [X] \$ <u>9,950,000</u> |

(1) a presently undetermined amount will be paid to officers, directors and founder as compensation.

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|---|---|------------------------|
| Issuer (Print or Type) SCUDERIA NIOSI, LLC | Signature  | Date 6/28/04 |
| Name of Signer (Print or Type) Ruthann G. Niosi | Title of Signer (Print or Type) Managing Member | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

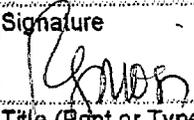
See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The Issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| | | |
|--------------------------------|--|---------|
| Issuer (Print or Type) | Signature | Date |
| SCUDERIA NIOSI, LLC |  | 6/28/04 |
| Name of Signer (Print or Type) | Title (Print or Type) | |
| Ruthann G. Niosi | Managing Member | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | 2 | | 3 | 4 | | | | 5 | |
|-------|---|----|---|--|--|------------------------------------|--------|-----|--|
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
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<http://www.sec.gov/divisions/corpfin/forms/formd.htm>
Last update: 06/06/2002