



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St. Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c & d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 111184		2. Name of Corporation Cafe Renaissance, Inc.	
3. Street Address Principal Business Office 242 ATWELLS AVENUE		City PROVIDENCE	State RI
4. Business Phone No. 4012729610		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPEN AND OPERATE A RESTAURANT AND LOUNGE.			

7. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John E. Velez		Vice President Name Richard V. Simone, III	
Street Address 755 Manton Avenue		Street Address 76A Amity Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02906	
Secretary Name Kenneth L. Rusko		Treasurer Name John E. Velez	
Street Address 79 Metropolitan Road		Street Address 755 Manton Avenue	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02909	

8. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name John E. Velez		Director Name Kenneth L. Rusko	
Street Address 755 Manton Avenue		Street Address 79 Metropolitan Road	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02908	
Director Name Richard V. Simone, III		Director Name	
Street Address 76A Amity Street		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	

9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$10.00 PAR VALUE		100	common	\$10.00

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.



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File Date: **FILED**

Check No: **SEP 21 2007**

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 7/12/07

Signature Date

Richard V. Simone III

Print or Type Name

Vice President

Title