



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.223.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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. 60523		2. Name of Corporation Coffee & Cream, Inc.		
3. Street Address Principal Business Office 4 Greenville Road		City North Smithfield	State RI	Zip 02896
4. Business Phone No. 4017663052		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Normand L. Branchaud		Vice President Name N/A		
Street Address 94 School Street		Street Address		
City Forestdale	State RI	Zip 02824	City	State
Secretary Name Normand L. Branchaud		Treasurer Name Normand L. Branchaud		
Street Address 94 School Street		Street Address 94 School Street		
City Forestdale	State RI	Zip 02824	City Forestdale	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name ONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800	COMMON	\$1.00	625	COMMON

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.

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

FILED
NOV 20 2007
By AMF
2:07
11-42692

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: Normand L. Branchaud Date: 10-12-07

Print or Type Name
Normand L. Branchaud

Title
President