

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 7-1,2-150).

subject to a penalty fee of \$25.00 1. Corporate ID No.	2. Name of Corp	boration			
170557	Blue Flame	e Chefs, Inc.			
3. Street Address Principal Business Office 245 Essex Road			North Kingstown	State RI	^{Zip} 02852
4. Business Phone No. 5. State of Incorporation Rhode Island					
Brief Description of the Chare Operating a catering bu	acter of Business Conduc ISINESS	eted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Vahe O. Oharonian			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name John Bove		
Street Address 245 Essex Road			Street Address 726 High Street		
lorth Kingstown	State RI	7 <i>ip</i> 02852	Cliy Cumberland	State RI	^{Ζiρ} 02864
Secretary Name Vahe O. Oharonian			Treasurer Name Mike Conte		
Street Address 245 Essex Road			Street Address PO Box 378		
ար Iorth Kingstown	State RI	02852	Grafton	State MA	Ζίρ 01519
. NAMES AND ADDRES irrector Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	SPACES BEFORE USIN	IG ATTACHMENTS
Street Address			Street Address		
ity	State	Zip	City	State	Zip
irector Name	•••••••	·······J······	Director Name		
treet Address			Street Address		
T)	State	Zψ	City	State	Zip
SHARES AUTHORIZEI	D	ı	10. SHARES ISSUED (ISSUED SHARES — THIS SECT		_
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			300	Common	\$1.00
is report must be executive report must be executive.	ated on behalf of the ted on behalf of the	e corporation by an authorize e corporation by the receiver	ed representative. If the cor or trustee.	poration is in the hand	s of a receiver or truste
			Under penalty of per including any accom	jury, I declare and affirm	that I have examined this ratements, and that all state
ile Date	FILED		contained herein are	True and correct.	2-23-0
	FEB 24 200		Signature	<i>t</i>	Date
		y 	Vahe O. Ohar	ronian	
b:Bı	(MTII V		Print or Type Name		

President

Title