



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  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 148513		2. Name of Corporation UNCLE RONNIE'S FINE CATERING, INC D/B/A UNCLE RONNIE'S RESTAURANT			
3. Street Address Principal Business Office 41 MANVELLE AVENUE		City MANVELLE	State RI	Zip 02838	
4. Business Phone No. 401-769-1196		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island CATERING FUNCTIONS + RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD DUMAS		Vice President Name PAULA DUMAS			
Street Address 41 MANVELLE AVE		Street Address 41 MANVELLE AVE			
City MANVELLE	State RI	Zip 02838	City MANVELLE	State RI	Zip 02838
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE		Director Name SAME AS ABOVE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100		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 100	Class/Series	Par Value NO PAR	

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	2-23-09
Check No.	2390
By:	MNC
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.

Paula Dumas  
Signature  
PAULA DUMAS  
Print or Type Name  
V. PRES / TREAS  
Title