

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 209
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(cord)) is subject to a penalty fee of \$25.00.

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1. Conjunate 1D No. 148513 UNCLE RONNIE'S FINT CATERING INC DIBIA UNCLERONNIES RESTAVES 3. Street Address Principal Business Office City MANVILLE AVENUE MANVILLE RIC DIBIA UNCLERONNIES RESTAVES City MANVILLE RIC DIBIA UNCLERONNIES RESTAVES CONTRACTOR DI						
3. Street Address Principal Business Office 41 MANITHE AVENUE			City MAWYELLE	State KL	02f2f	
4. Business Phone No. 4. 01-769-1196 5. State of Incorporation RL						
6 Brief Description of the Character of Business Conducted in Rhode Island ATERING FYNUTIONS + RESTAURANT 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
KONALY DUMAS			PAULA DUMAS			
Street Address HANVIIE AVE			Street Address 41 MANVIILE AVE			
MANVILLE	State L	210 OF38	MANVI/E	State L	24 36 36	
SAME AS ABOVE			Treasurer Name SAME AS ABOVE			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
: :						
Director Name						
SAME AS ABOVE			SAME AS ABOVE			
Street Address			Street Address			
City'	State	Zip	Cit) ⁱ	State	Zip	
*		'			['	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			Number of Shares	Class/Series	Par Value	
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.			* # 3	Chiso deries	///////////////////////////////////////	
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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.						
Under penalty of perjury, I declare and affirm that I have examined this report,						
including any accompanying schedules and statements, and that all state						
2 00	2 10		contained herein are true	contained herein are true and correct.		
File Date	-07		Baula	Daula Dumas		
121		Signature	Signature Date			
Check No.			Poula	Paula Dump		
m	$n \wedge 1$		Print or Type Name			
By:			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOFIC		
FOR SECRETARY OF STA	ATE USE ONLY		YIRES/I	KEH-O	. ,	
<u> </u>		I	Title /		Form 630 Rev. 08/08	