



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. 85746		2. Name of Corporation Cafe Central, Ltd.			
3. Street Address Principal Business Office 173 Bradford Street			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-253-4049		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Maintain, operate, sell and otherwise dispose of restaurants, taverns, cafes, bars, cocktail lounges					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Afonso			Vice President Name Joseph Afonso		
Street Address 14 Prospect Street			Street Address 14 Prospect Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Joseph Afonso			Treasurer Name Joseph Afonso		
Street Address 14 Prospect Street			Street Address 14 Prospect		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Teresa Afonso			Director Name		
Street Address 14 Prospect Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
2,000	No par value		1,000	Common	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	FILED
Check No.	FEB 25 2009
By:	By 2544
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: Joseph Afonso Date: Feb 17, 2009
Joseph Afonso
Print or Type Name
President
Title