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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.	2. Name of Corporation			
141404	Kfoury, Inc.			
3. Street Address Principal Business Office		City	State	Zip
91 Crandall Road		Tiverton	RI	02878
4. Business Phone No.	5. State of Incorporation			
401-624-1990	MA			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Restaurant & Catering				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐	FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name: Joseph Kfoury	Vice President Name:		
Street Address: 57 Ridgecrest Road	Street Address:		
City: Fall River / State: MA / Zip: 02720	City: / State: / Zip:		
Secretary Name: Paula Kfoury	Treasurer Name: Paula Kfoury		
Street Address: 57 Ridgecrest Road	Street Address: 57 Ridgecrest Road		
City: Fall River / State: MA / Zip: 02720	City: Fall River / State: MA / Zip: 02720		

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐	FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name: Joseph Kfoury	Director Name:		
Street Address: 57 Ridgecrest Road	Street Address:		
City: Fall River / State: MA / Zip: 02720	City: / State: / Zip:		
Director Name: Paula Kfoury	Director Name:		
Street Address: 57 Ridgecrest Road	Street Address:		
City: Fall River / State: MA / Zip: 02720	City: / State: / Zip:		

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.	Number of Shares	Class/Series	Par Value
	12500	Common	0

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.

[redacted]

File Date: 3-4-09
Check No.: 52106
By: mne
FOR SECRETARY OF STATE USE ONLY
31500-2-355247

[redacted]

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.

Joseph Kfoury 3/3/09
Signature Date

Joseph Kfoury
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08