



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127191		2. Name of Corporation Cafe Andiamo! Fine Foods To Go, Inc.			
3. Street Address Principal Business Office 235 Greenville Ave			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-349-4333		5. State of Incorporation RHODE ISLAND		6. SIC Code 3081	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE FOOD SERVICE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christen Furia-Senes			Vice President Name Same		
Street Address 16 Brush Hill Ave			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. 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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.01 PAR VALUE		1000		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 7 1 9 1 *

File Date _____
Check No. _____
By: _____
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 of Officer: Christen Furia-Senes Date: 06.30.04
Print or Type Name of Officer: CHRISTEN FURIA-SENES
Title of Officer: PRESIDENT