



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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. 106844		2. Name of Corporation TABOR-FRANKI CANTEN INC			
3. Street Address Principal Business Office 170 RANDALL ST.		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-942-9716		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island EATING & DRINKING EST.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD J. IACOBUSCI		Vice President Name RAYMOND CANBIO			
Street Address 34 ROSE ST.		Street Address 226 MACKLIN ST.			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name SALVATORE CAPIRCHIO		Treasurer Name JOSEPH DIORIO			
Street Address 9 WHISPERING PINE DR		Street Address 7 GREENVIEW RD			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH POCCIA		Director Name LUIGI MORONI			
Street Address 38 KNIGHT ST.		Street Address 18 BRITTON ST.			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name JOSEPH ZARRELLA		Director Name JUS DELFARVO			
Street Address 15 ROSE ST.		Street Address 461 ANGEL RD			
City CRANSTON	State RI	Zip 02920	City LINCOLN	State RI	Zip 02865
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
1000		NO PAR	100	N/A	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.

FILED

NOV 23 2009

File No.
Check No.
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
Date
RICHARD J. IACOBUSCI
Print or Type Name
PRES.
Title