RI SOS Filing Number: 200955222100 Date: 11/25/2009 4:00 PM

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

Corporations Divisi
148 W. River Stre
Providence, RI 02904-26
401.222.30

ION-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

iling Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a enalty fee of $25.00.

Corporate ID No.	2. Name of Corporation		
00169506	MOBILE LOAVES & FISHES, INC.		
State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Texas			
Foreign corporation. Enter principal office address		City	State / Zip
903 SOUTH CAPITAL OF TEXAS HIGHWAY		AUSTIN	Texas 78746

Brief Description of the character of the affairs which are actually conducted in Rhode Island
PROVIDING FOOD, CLOTHING AND SHELTER TO THE HOMELESS AND WORKING POOR

. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

resident Name			*Vice President Name*		
ALAN GRAHAM					
treet Address			*Street Address*		
903 SOUTH CAPITAL OF TEXAS HIGHWAY					
City	*State*	*Zip*	*City*	*State*	*Zip*
AUSTIN	Texas	78746			
Secretary Name			*Treasurer Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			*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*

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

[redacted] 000169506

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.

11/19/200
Date

Signature of Officer

Alan Graham
Print or Type Name of Officer

President
Title of Officer

File Date	FILED
Check No.	NOV 25 2009
By:	By 104748 11:58

FOR SECRETARY OF STATE USE ONLY

2009 NOV 23 AM 11:58

[redacted]

Form 631 Rev. 09/1

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