



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 2010

**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. <u>522059</u> <u>27-1531516</u>		2. Name of Corporation Accommodating Catering Corp	
3. Street Address Principal Business Office 400 Metacom Ave.		City Bristol	State RI
4. Business Phone No. 401-254-1300		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island Catering/Bankquet Facility			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John Da Silva		Vice President Name	
Street Address 41 Broad Street		Street Address	
City Warren	State RI	Zip 02885	City State Zip
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
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. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED	
		Number of Shares	Class/Series
		Par Value	
		0	STK .01

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**

APR 27 2010

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.

File Date \_\_\_\_\_ BY \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

117023

Signature \_\_\_\_\_ Date \_\_\_\_\_  
John Da Silva  
Print or Type Name  
President  
Title