

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 401.222.30 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(cc/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 5 2 2 0 5 9 27-1531516	2. Name of Corporation Accommodating Catering Corp				
3. Street Address Principal Business Office 400 Metacom Ave.			City Bristol	State RI	7:ip 02809
4. Business Phone No. 5. State of Incorporation RI					
6. Brief Description of the Character of Catering/Bankquet Facility	of Business Conducted in R	hode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS
John Da Silva					
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 ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Ζip	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) 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
			0	STK	.01
This report must be executed this report must be executed			Under penalty of including any ac	f perjury, I declare and affirr	nds of a receiver or trustee, m that I have examined this repostatements, and that all statements
File Date	BY_	117023	26	V.h	
Check No.	 -		signature John Da	Silva	Date
Ву:			John Da Silva Print or Type Name		
FOR SECRETARY OF ST	ATE USE ONLY		Presiden	t	
		J	Title		Form 630 Rev. 08/08