

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

2011 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 2. Name of Corporation Cafe Friends, Inc. 152032 3. Street Address Principal Business Office Providence RI 02903 One Kennedy Plaza 4. Business Phone No. 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate a restaurant/cafe 7, NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robin A. Letterle Gregory DiZoglio Street Address Street Address 97 Amanda Street 162 Westcott Road State ZipCranston RI 02920 Scituate 02857 Secretary Name Treasurer Name Street Address Street Address City Z(b)City State ZipState 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Zip State Zip City City Director Name Director Name Street Address Street Address City City Zip State Z(p)State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Par Value Class/Series This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of \$0.01 1000 common instruction sheet.

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.

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File Date	FILED	
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B) BY	ECRETARY OF STA	TE 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.
1100 letter 10 6:39:11
Signature Date
Robin Letterle
Print or Type Name
President
Title