



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 507402		2. Exact name of the Corporation TRAFFORDS, INC.			
3. Principal office address 479 MAIN STREET			City ACUSHNET	State MA	Zip 02743
4. Business Phone No. 774-930-8523			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT INCLUDING DINING; CATERING & SERVICE OF ALCHOLIC BEVERAGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name MARGUERITE KANE			Vice-President Name WILLIAM KANE		
Street Address 2298 PLEASANT STREET			Street Address 2298 PLEASANT STREET		
City DIGHTON	State MA	Zip 02715	City DIGHTON	State MA	Zip 02715
Secretary Name RUSSELL GOYETTE			Treasurer Name RUSSELL GOYETTE		
Street Address 479 MAIN STREET			Street Address 479 MAIN STREET		
City ACUSHNET	State MA	Zip 02743	City ACUSHNET	State MA	Zip 02743
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name MARGUERITE KANE			Director Name WILLIAM KANE		
Street Address 2298 PLEASANT STREET			Street Address 2298 PLEASANT STREET		
City DIGHTON	State MA	Zip 02715	City DIGHTON	State MA	Zip 02715
Director Name RUSSELL GOYETTE			Director Name		
Street Address 479 MAIN STREET			Street Address		
City ACUSHNET	State MA	Zip 02743	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	0

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.

File Date _____

Check No _____

By: _____

FILED

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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.

Russell Goyette
 Signature of Authorized Representative

3/1/12
 Date

RUSSELL GOYETTE, TREASUER

Print or Type Name of Authorized Representative