



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.<br>000538067  |             | 2. Exact name of the Corporation<br>Randy's Deli & Bakery Inc. |   |              |              |
| 3. Principal office address<br>104 Shove Street  |             |  | City<br>Tiverton  | State<br>RI  | Zip<br>02878 |
| 4. Business Phone No.<br>(401) 846-4319  |             | 5. State of Incorporation<br>Rhode Island                      |   |              |              |
| 6. Brief description of the character of business conducted in Rhode Island<br>Restaurant  |             |  |   |              |              |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |             |  |   |              |              |
| President Name<br>Randy Santerre   |             |  | Vice-President Name<br>Maricel Santerre                             |              |              |
| Street Address<br>104 Shove Street   |             |  | Street Address<br>104 Shove Street                                  |              |              |
| City<br>Tiverton   | State<br>RI | Zip<br>02878   | City<br>Tiverton  | State<br>RI  | Zip<br>02878 |
| Secretary Name   |             |  | Treasurer Name  |              |              |
| Street Address   |             |  | Street Address  |              |              |
| City   | State       | Zip  | City  | State        | Zip          |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |  |   |              |              |
| 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. |             |  | NUMBER OF SHARES  | CLASS/SERIES | PAR VALUE    |
|  |             |  | 0   |              | 0.00         |

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: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

AUG 08 2012

BY A. NUSSA

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.

Signature of Authorized Representative: MARICEL SANTERRE Date: 8/8/2012  
Print or Type Name of Authorized Representative