



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

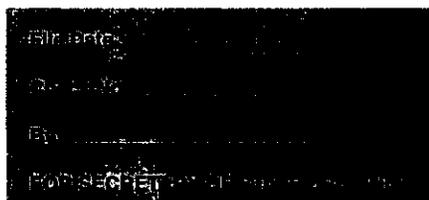
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 119568		2. Exact name of the Corporation Ceba's Diner Inc.			
3. Principal office address 9 Garden Drive		City East Providence	State RI	Zip 02915	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island diner					
President Name Rachael DeMello			Vice-President Name		
Street Address 9 Garden Drive			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Rachael DeMello			Treasurer Name Rachael DeMello		
Street Address 9 Garden Drive			Street Address 9 Garden Drive		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 BY ATTACHMENT			
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	
		800	Common	No Par	

JAN - 4 AM 9:46
 SECRETARY OF STATE
 CORPORATIONS DIV

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.



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.

FILED

Rachael DeMello
 Signature of Authorized Representative

Date

JAN 04 2013

Rachael DeMello

Print or Type Name of Authorized Representative

186814
DS

BY