

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 2013 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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 98744	2. Name of Corporation DEV'S CAFE, INC.				
3. Street Address Principal Business Office C/O Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	^{Zip} 02865
4. Business Phone No. (401) 333-3377 5. State of Incorporation RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island					
Operation of a bar and/or loa	unge				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	I <i>CHMENT</i>) 🗍 FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Michele C. Dolinski			Vice President Name		
Street Address			Michele C. Dolinski Street Address		
341 Chapel Street			341 Chapel Street		
Gity Harrisville	State RI	^{Zip} 0 2 830	City Harrisville	State RI	^{Zip} 02830
Secretary Name Michele C. Dolinski			Treasurer Name Michele C. Dolinski		
Street Address 341 Chapel Street			Street Address 341 Chapel Street		
Harrisville	State RI	^{Zip} 02830	City Harrisville	State RI	^{Zip} 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name					
Michele C. Dolinski			Director Name		2013
Street Address			Street Address		44.00
341 Chapel Street					
City Harrisville	State	Zip	City	State	Zip
Director Name	RI	02830			ا دید
			Director Name		3 3 3
Street Address			Street Address		
City		.			
Cny	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 commently of according to the OCC.			Number of Shares	Class/Series	7
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.					Par Value
			100	Common	No Par Value
This report must be executed a	un babalf of the same	mation by an all	1		
This report must be executed of this report must be executed or	n behalf of the corpor	ation by the receiver of	or trustee.	corporation is in the hands	s of a receiver or trustee,
		FILED			
			Under penalty of	perjury, I declare and affirm to	hat I have examined this report,
<u> </u>		JAN 0 9 2013	including any acc	companying schedules and sta are true and correct.	tements, and that all statements
File Date	By Ch	-187121	Contained herein	are true and correct.	0. 1
		10/13/	Signature	uce c. Doc	Date 12/14/12
Check No.			MICHELE (C. DOLINSKI	
Ву:			Print or Type Name		
-	P LIFE ONLY		PRESIDEN	IT	
FOR SECRETARY OF STAT	E USE UNLI		Title		