



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 2013

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. <u>739635</u>		2. Exact name of the Corporation <u>LOMBARDI'S 1025 CATERING + TAKE-OUT, INC</u>					
3. Principal office address <u>1031 PLAINFIELD ST.</u>		City <u>JOHNSON</u>	State <u>R.I.</u>	Zip <u>02919</u>			
4. Business Phone No. <u>401-944-1025</u>		5. State of Incorporation <u>RHODE ISLAND</u>					
6. Brief description of the character of business conducted in Rhode Island <u>CATERING + TAKE-OUT RESTAURANT</u>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>DAVID F. LOMBARDI</u>		Vice-President Name <u>STEVEN R. LOMBARDI</u>					
Street Address <u>59 CHARLOTTE DRIVE</u>		Street Address <u>18A POW CT.</u>					
City <u>E. GREENWICH</u>	State <u>R.I.</u>	Zip <u>02818</u>	City <u>N. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>		
Secretary Name <u>DAVID F. LOMBARDI</u>		Treasurer Name <u>STEVEN R. LOMBARDI</u>					
Street Address <u>59 CHARLOTTE DR.</u>		Street Address <u>18A POW CT.</u>					
City <u>E. GREENWICH</u>	State <u>R.I.</u>	Zip <u>02818</u>	City <u>N. PROV.</u>	State <u>R.I.</u>	Zip <u>02904</u>		
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 <u>400</u>	CLASS/SERIES	PAR VALUE <u>100.00</u>

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 2/13/2013
Check No 025-18984
By: _____

FOR SECRETARY OF STATE 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.

STEVEN R. LOMBARDI
Signature of Authorized Representative Date _____
Print or Type Name of Authorized Representative