



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.

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|--|---------------|--|--|---|---------------|--------------|--|
| 1. Entity ID No. 739635 | | 2. Exact name of the Corporation LOMBARDI'S 1025 CATERING + TAKE-OUT, INC | | | | | |
| 3. Principal office address 1031 PLAINFIELD ST. | | | | City JOHNSTON | State R.I. | Zip 02919 | |
| 4. Business Phone No. 401-944-1025 | | | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island CATERING + TAKE-OUT RESTAURANT | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| President Name DAVID F. LOMBARDI | | | | Vice-President Name STEVEN R. LOMBARDI | | | |
| Street Address 59 CHARLOTTE DRIVE | | | | Street Address 18A POWD CT. | | | |
| City E. GREENWICH | State R.I. | Zip 02818 | | City N. PROVIDENCE | State R.I. | Zip 02904 | |
| Secretary Name DAVID F. LOMBARDI | | | | Treasurer Name STEVEN R. LOMBARDI | | | |
| Street Address 59 CHARLOTTE DR. | | | | Street Address 18A POWD CT. | | | |
| City E. GREENWICH | State R.I. | Zip 02818 | | City N. PROV. | State R.I. | Zip 02904 | |
| 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 | |
| | | | | 400 | | 100.00 | |
| | | | | | | | |

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

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

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