



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. 791384		2. Exact name of the Corporation RJ Franco, Inc.			
3. Principal office address 24 Hoppin Avenue			City Riverside	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 Operating a Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roberto Franco			Vice-President Name Robert Franco, Jr.		
Street Address 24 Hoppin Avenue			Street Address 70 Sydney Street		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Secretary Name Jessica Franco-Castellar			Treasurer Name Jessica Franco-Castellar		
Street Address 35 Victoria Avenue			Street Address 35 Victoria Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roberto Franco			Director Name Robert Franco, Jr.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Jessica Franco-Castellar			Director Name		
Street Address Same as above			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
			2000	Common	No Par

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

MAR 21 2013

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 _____ Date _____

Roberto Franco
 Print or Type Name of Authorized Representative

BY *[Signature]*
[Signature]
[Signature]

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 MAR 21 PM 2:03