



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

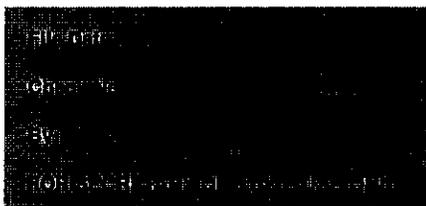
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 61761		2. Exact name of the Corporation CAV, INC.			
3. Principal office address 14 IMPERIAL PLACE			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401.751.9164			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
President Name SYLVIA MOUBAYED			Vice-President Name ALVIN STALLMAN		
Street Address 14 IMPERIAL PLACE			Street Address 14 IMPERIAL PLACE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name SYLVIA MOUBAYED			Treasurer Name ALVIN STALLMAN		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SYLVIA MOUBAYED			Director Name ALVIN STALLMAN		
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		
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
			100	COMMON	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.



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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.

Alvin Stallman
 Signature of Authorized Representative

ALVIN STALLMAN Date **6/7/13**

Print or Type Name of Authorized Representative