



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. 83183		2. Exact name of the Corporation GOOD FRIENDS, INC.		
3. Principal office address 548 LONSDALE AVENUE		City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. (401) 725-2468		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING REAL ESTATE/BAR LOUNGE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MARIA M. LAMAS		Vice President Name NONE		
Street Address 548 LONSDALE AVENUE		Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State
Secretary Name MARIA M. LAMAS		Treasurer Name MARIA M. LAMAS		
Street Address 548 LONSDALE AVENUE		Street Address 548 LONSDALE AVENUE		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name MARIA M. LAMAS		Director Name NONE		
Street Address 548 LONSDALE AVENUE		Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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.				
100 SHARES		COMMON	NO PAR	

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 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

Maria M. Lamas 4/21/13
 Signature of Authorized Representative Date
MARIA M. LAMAS **PRESIDENT**
 Print or Type Name of Authorized Representative

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