



**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. <b>506875</b>		2. Exact name of the Corporation <b>CABRAL'S CATERING &amp; CAFE, INC.</b>			
3. Principal office address <b>258 KENYON AVENUE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	
4. Business Phone No. <b>(401) 335-3888</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A CATERING BUSINESS AND A CAFE</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>ARMANDO M. CABRAL</b>			Vice-President Name <b>ARMANDO M. CABRAL</b>		
Street Address <b>94 ROBERT STREET</b>			Street Address <b>94 ROBERT STREET</b>		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>
Secretary Name <b>ARMANDO M. CABRAL</b>			Treasurer Name <b>ARMANDO M. CABRAL</b>		
Street Address <b>94 ROBERT STREET</b>			Street Address <b>94 ROBERT STREET</b>		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>ARMANDO M. CABRAL</b>			Director Name <b>NONE</b>		
Street Address <b>94 ROBERT STREET</b>			Street Address		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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 SHARES	COMMON	NO PAR

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2013 JUN 23  
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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.

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.

1223 FILED  
 JUN 21 2013  
 BY 02700003

Signature of Authorized Representative: [Signature] Date: 6/20/13  
**ARMANDO M. CABRAL** **PRESIDENT**  
 Print or Type Name of Authorized Representative