



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 2014

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. 95846		2. Exact name of the Corporation Antonio's Portuguese Cafe & Kitchen Inc			
3. Principal office address 791 Smithfield Ave			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-724-6007		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island CAFE / Bar & Grill					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Antonio DACOSTA			Vice-President Name Antonio AMARANTE JR.		
Street Address 33 Carriage Way			Street Address 1550 Maple ST		
City N. Providence	State RI	Zip 02911	City N. Dighton	State MA	Zip 02764
Secretary Name Ramiro DACOSTA			Treasurer Name Same		
Street Address 7 Commodore Ave			Street Address Same		
City Smithfield	State RI	Zip 02922	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Same as above			Director Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Same as above			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
			Same	Same	Same

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

JAN 29 2014

BY **1805**

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

Print or Type Name of Authorized Representative