



**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

**2014**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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>116571</b>		2. Exact name of the Corporation <b>CABRAL'S GOURMET CHICKEN, INC.</b>			
3. Principal office address <b>585 Metacom Avenue</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>(401) 253-3913</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF BUYING AND SELLING FOOD PRODUCTS AT RETAIL AND WHOLESALE; TO OPERATE A RESTAURANT AND THE CATERING OF FOOD</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Paul J. Cabral</b>			Vice-President Name <b>Paul J. Cabral</b>		
Street Address <b>8 Virginia Street</b>			Street Address <b>8 Virginia Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Paul J. Cabral</b>			Treasurer Name <b>Helen Cabral</b>		
Street Address <b>8 Virginia Street</b>			Street Address <b>433 Bushee Road</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Paul J. Cabral</b>			Director Name <b>Helen Cabral</b>		
Street Address <b>8 Virginia Street</b>			Street Address <b>433 Bushee Road</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Director Name <b>None</b>			Director Name <b>None</b>		
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
			1,000	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**

FEB 03 2014

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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.

*Paul J. Cabral* 1-25-2014  
 Signature of Authorized Representative Date

**Paul J. Cabral**  
 Print or Type Name of Authorized Representative