State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
106844	TABOR-FRANCHI CANTEEN INC		
3. Street Address Principal Business Office	City	State	Zip
170 RANDALL ST	CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation		
401-942-9716	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
RAYMOND CAMBIO	JOHN LOMBARDI
Street Address: 226 MACKLIN ST.	Street Address: 29 ROTARY DR.
City: CRANSTON State: RI Zip: 02920	City: JOHNSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
RICHARD J. IACOBUCCI	SALVATORE CAPIRCHIO
Street Address: 34 ROSE ST.	Street Address: 2010 DUXBURY LN.
City: CRANSTON State: RI Zip: 02920	City: VILLAGES State: FL Zip: 32162

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
RICHARD J. IACOBUCCI	JOSEPH DIORIO
Street Address: 34 ROSE ST.	Street Address: 7 GREENVIEW RD.
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Director Name	**Director Name**
RAYMOND CAMBIO	SALVATORE CAPIRCHIO
Street Address: 226 MACKLIN ST.	Street Address: 2010 DUXBURY LN.
City: CRANSTON State: RI Zip: 02920	City: VILLAGES State: FL Zip: 32162

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000	COMMON	NO PAR	1000	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.

[redacted] [redacted]

FILED
FEB 10 2014
BY 2023

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Robert J. Cleri 1-24-14
Signature *Date*

RICHARD J. IACOBUCCI
Print or Type Name

H.C. CHAIRMAN
Title

Form 630 Rev. 12/06