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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 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.	2. Exact name of the Corporation		
44597	Emery's Catering Service, Inc.		
3. Principal office address: 24 Central Street	City: Central Falls	State: RI	Zip: 02863
4. Business Phone No.: 401-725-5680	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Operation of a food catering service			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: David Emery			Vice-President Name: Robert Emery		
Street Address: 235 West Wrentham Road			Street Address: 1839 Diamond Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: David Emery			Treasurer Name: Donna Rowey		
Street Address: 235 West Wrentham Road			Street Address: 180 West Wrentham Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Robert Emery			Director Name: Donna Rowey		
Street Address: 1839 Diamond Hill Road			Street Address: 180 West Wrentham Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Director Name: David Emery			Director Name:		
Street Address: 235 West Wrentham Road			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	225	Common	No

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
MAR 25 2014
39541

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.

Donna Rowey 3-25-14
Signature of Authorized Representative Date

Donna Rowey
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

104915-22-955271