



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. 136335 | | 2. Exact name of the Corporation JIMBO'S CAFE INC. | | |
| 3. Principal office address 134 COWDEN STREET | | City CENTRAL FALLS | State R.I. | Zip 02863 |
| 4. Business Phone No. 401-499-4447 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island RESTAURANT | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name GIOCONDA E. SALAZAR | | Vice-President Name GIOCONDA E. SALAZAR | | |
| Street Address 34 SHERWOOD AVENUE | | Street Address 34 SHERWOOD AVENUE | | |
| City NORTH PROVIDENCE | State RI | Zip 02911 | City NORTH PROVIDENCE | State RI |
| Secretary Name JAIME A. SALAZAR | | Treasurer Name JAIME A. SALAZAR | | |
| Street Address 34 SHERWOOD AVENUE | | Street Address 34 SHERWOOD AVENUE | | |
| City NORTH PROVIDENCE | State RI | Zip 02911 | City NORTH PROVIDENCE | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 | \$1.00 |

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 31 2014

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.

Jaime A. Salazar 3-31-14
 Signature of Authorized Representative Date

JAIME A. SALAZAR
 Print or Type Name of Authorized Representative

RECEIVED
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 CORPORATIONS DIV
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