



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. <u>861061</u>		2. Exact name of the Corporation <u>Douglas Ave Cafe, Inc</u>			
3. Principal office address <u>386 Douglas Ave.</u>		City <u>Providence</u>	State <u>RI</u>	Zip	
4. Business Phone No. <u>401-545-1861</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>operation of restaurant</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Mohamed Bader</u>			Vice-President Name		
Street Address <u>386 Douglas Ave</u>			Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip	City	State	Zip
Secretary Name <u>Stephen M Litwin</u>			Treasurer Name <u>Mohamed Bader</u>		
Street Address <u>1 Ship Street</u>			Street Address <u>386 Douglas Ave</u>		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Prov</u>	State <u>RI</u>	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Mohamed Bader</u>			Director Name		
Street Address <u>386 Douglas Ave</u>			Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip <u>8</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>25000</u>	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>Common</u>	<u>No Par</u>

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

APR 24 2014

BY 222959

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.

Stephen M Litwin 4/23/14
Signature of Authorized Representative Date

Stephen M Litwin
Print or Type Name of Authorized Representative