



**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>798972</u>		2. Exact name of the Corporation <u>The SALAD MAD + JUICE BAR Inc</u>			
3. Principal office address <u>211 VERMONT Ave</u>		City <u>Prov</u>	State <u>RI</u>	Zip <u>02905</u>	
4. Business Phone No. <u>1914 943 6517</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>FOOD TRUCK</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <u>Russell Spellman</u>			Vice-President Name		
Street Address <u>211 VERMONT Ave</u>			Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			<u>0</u>		

2014 JUL 21 PM 1:14  
 STATE OF RHODE ISLAND  
 DIVISION OF BUSINESS SERVICES

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**

JUL 21 2014

BY CU 228847

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.

Michele A Burgess  
 Signature of Authorized Representative

7/19/14  
 Date

Michele A Burgess  
 Print or Type Name of Authorized Representative