

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 __ 2015

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.			
Entity ID No. Exact name of the Corporation	1	- -	
106844 Tabor-Franchi (anteen, -	INC	
3. Principal office address 17D PANDALL ST	Cranston	State	Zip 02920
4. Business Phone No. 401 - 942 - 9716	5. State of Incorporation DOCL T	sland	
6. Brief description of the character of business conducted in Rhode Island			22 S
Restaurant/Bar			SECR COR 2014 O
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT			
President Name Denise Calise	Vice-President Name	1D Cambio	20
Street Address SD Massasbit Ave		nacklin St	A SS
city Cranston State 21 02905	city Cranston	State	2021 足至
Salvatore Capirchio	Treasurer Name	Capirchio	- m
Street Address 2010 Ruxbury Lane	Street Address ZOLDI	uxbun ha	ne
The Villages FL 32162	"The Village	S FL	32162
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR A		BALOR VIEW LANGUE LINES OF THE LANGUE CO.	Privil Territo (Privil) de cidade. Bresidente
PAYMOND COMBID	Director Name	tore Capiro	chio
Street Address A 2 10 Macklin St	Street Address D I	Duxbun h	ane
Cranston state 1 02920	"The Villag	State FL	32162
Denise Calise	Director Name	Perce	
Street Address SID MASSASOI + AVC	Street Address 135 170V	idence St	
Cranston state 02905	Provider	TCL State	02907
9. SHARES AUTHORIZED		X" BOX FOR ATTACHM	V
This information is currently of record in the Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
of State. Changes require an additional filing.	1000		
See Section 9 of instruction sheet.			
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	9:24Am FILED	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.
By: FOR SECRETARY OF STATE USE ONLY	OCT 20 2014 234576	Signature of Authorized Representative Date Salvatore J. Gayrehub
Form No. 630 Revised: 01/2012	KM	Print or Type Name of Authorized Representative