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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

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.**

1. Entity ID No.	2. Exact name of the Corporation
116571	**CABRAL'S GOURMET CHICKEN, INC.**

3. Principal office address	City	State	Zip
585 Metacom Avenue	**Bristol**	**RI**	**02809**

4. Business Phone No.	5. State of Incorporation
(401) 253-3913	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF BUYING AND SELLING FOOD PRODUCTS AT RETAIL AND WHOLESALE; TO OPERATE A RESTAURANT AND THE CATERING OF FOOD

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

President Name	Vice-President Name
Paul J. Cabral	**Paul J. Cabral**
Street Address: **8 Virginia Street**	Street Address: **8 Virginia Street**
City: **Warren** State: **RI** Zip: **02885**	City: **Warren** State: **RI** Zip: **02885**
Secretary Name: **Paul J. Cabral**	Treasurer Name: **Helen Cabral**
Street Address: **8 Virginia Street**	Street Address: **433 Bushee Road**
City: **Warren** State: **RI** Zip: **02885**	City: **Swansea** State: **MA** Zip: **02777**

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

Director Name	Director Name
Paul J. Cabral	**Helen Cabral**
Street Address: **8 Virginia Street**	Street Address: **433 Bushee Road**
City: **Warren** State: **RI** Zip: **02885**	City: **Swansea** State: **MA** Zip: **02777**
Director Name: **None**	Director Name: **None**
Street Address:	Street Address:
City: State: Zip:	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.	1,000	Common	No Par

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.

FILED
DEC 22 2014

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE BY

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.

Paul J Cabral 12-13-14
Signature of Authorized Representative Date

Paul J. Cabral
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
114974-14-903882
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