



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. 116571		2. Exact name of the Corporation CABRAL'S GOURMET CHICKEN, INC.						
3. Principal office address 585 Metacom Avenue		City Bristol	State RI	Zip 02809				
4. Business Phone No. (401) 253-3913		5. State of Incorporation 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 Paul J. Cabral			Vice-President Name 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 Paul J. Cabral			Director 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			
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) ☐								
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	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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE

FILED

DEC 22 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.

Signature of Authorized Representative

Date

Paul J. Cabral

Print or Type Name of Authorized Representative