



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. <b>140</b>		2. Exact name of the Corporation <b>ARTHUR'S SOCIAL CATERING, INC.</b>		
3. Principal office address <b>1365 Main Street</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-828-4160</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>restaurant/food service</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Arthur J. Brown</b>		Vice-President Name <b>n/a</b>		
Street Address <b>14 Leigha's Lane</b>		Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State
Secretary Name <b>Arthur J. Brown</b>		Treasurer Name <b>Arthur J. Brown</b>		
Street Address <b>same as above</b>		Street Address <b>same as above</b>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Arthur J. Brown</b>		Director Name		
Street Address <b>same as above</b>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		100	common	none

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**

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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.

*Arthur J. Brown* 12/20/14  
 Signature of Authorized Representative Date

**Arthur J. Brown, President**

Print or Type Name of Authorized Representative