

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401 222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is subject to a penalty fee of \$25.00.

108042		Carol & Mario Catering, Inc.				
3. Street Address Principal Business Office 60 Quail Hollow Road			C'uv Cranston	State RI	Ζφ 02920	
4. Business Phone No 401-943-1800  5. State of Incorporation Rhode Island						
6. Brief Description of the Clarific To engage in the who	paracter of Business Condi plesale and retail bu	ucted in Rhode Island siness of preparing and sellin	g food and drink for hur	man consumption both o	and off premises.	
0 0		ICERS: ("X" BOX FOR ATTA	•	·	·	
President Name		,	Vice President Name			
Carol Santilli			Carol Santilli			
Street Address 60 Quail Hollow Road			Street Address 60 Quail Hollow Road			
City Cranston	State RI	73p 02920	City Cranston	State RI	<i>zy</i> ь <b>02920</b>	
secretary Name Carol Santilli			Treasurer Name Carol Santilli			
Street Address 60 Quail Hollow Road			Street Address 60 Quail Hollow Road			
Cirv Cranston	State RI	<sup>Zip</sup> 02920	Cranston	State RI	Zip 02920	
8. NAMES AND ADDR	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL I	n spaces before usin	G ATTACHMENTS	
Director Name Carol Santilli			Oirector Name None			
Street Address			Street Address			
60 Quail Hollow Roa	State	Zip	: City	State	Zip	
Cranston	RI	02920	s rij	CARRACE	,	
Director Name	***************************************		Director Name			
None		None				
Street Address			Street Address			
City	Statle	24.	City	State	[24]:	
9. SHARES AUTHORIZ	ZED	ı		("X" BOX FOR ATTAC	_	
			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.			100	Common	No Par Value	
mstruction sheet.			· · · · · · · · · · · · · · · · · · ·			
This report must be exe	ecuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee,	
		ne corporation by the receiver				
				perjury, I declare and affirm ompanying/schedules and st		
		EII ED		are true and correct/	7/1	
File Date		FILED	1 4.10	1 Januar	2 0/2/201	
			Signature		Date	
Check No.		FEB 1 9 2015	Carol Sant	tilli		
Ву:	·	110120	Print or Type Nam	¢		
tan econerani	OF STATE USE ONLA		President			
PUR SECRETARY	OF STATE USE ONLI		Title		Form 630 Rev 08/08	