



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. 742462		2. Exact name of the Corporation COPA CUBANA, INC.						
3. Principal office address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920				
4. Business Phone No. 401-654-8834		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Entertainment and retail business								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name Joseph A. Karam			Vice-President Name Joseph A. Karam					
Street Address 81 Hines Farm Road			Street Address 81 Hines Farm Road					
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921			
Secretary Name Joseph A. Karam			Treasurer Name Joseph A. Karam					
Street Address 81 Hines Farm Road			Street Address 81 Hines Farm Road					
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name Joseph A. Karam			Director Name					
Street Address 81 Hines Farm Road			Street Address					
City Cranston	State RI	Zip 02921	City	State	Zip			
Director Name			Director Name					
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
						10000	common	0.00

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.

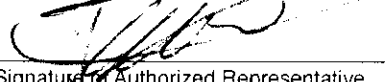
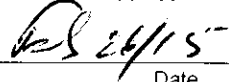
File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Joseph A. Karam

Print or Type Name of Authorized Representative