



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. 109487		2. Exact name of the Corporation Mombelly Corporation			
3. Principal office address 264 Grand Avenue		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. (401) 725-8245		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To operate, conduct, manage, and carry on a restaurant cafe business; to engage in the on-site dispensing of food and alcoholic beverages					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lester C. Mombelly			Vice-President Name Mania S. Mombelly		
Street Address 83 Lake Street			Street Address 83 Lake Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mania S. Mombelly			Treasurer Name Lester C. Mombelly		
Street Address 83 Lake Street			Street Address 83 Lake Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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) <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
			600 SHS.	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 ONLY

FILED

MAR 18 2015

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.

X Lester C. Mombelly 3.1.15
Signature of Authorized Representative Date

Lester C. Mombelly, President

Print or Type Name of Authorized Representative