

**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>000141404</b>		2. Exact name of the Corporation <b>Kfoury, Inc.</b>			
3. Principal office address <b>91 Crandall Road</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
4. Business Phone No. <b>401-624-1990</b>			5. State of Incorporation <b>MA</b>		
6. Brief description of the character of business conducted in Rhode Island  <b>Restaurant &amp; Catering</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Joseph Kfoury</b>			Vice-President Name <b>Stmt 1</b>		
Street Address <b>57 Ridgecrest Road</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City	State	Zip
Secretary Name <b>Paula Kfoury</b>			Treasurer Name <b>Paula Kfoury</b>		
Street Address <b>57 Ridgecrest Road</b>			Street Address <b>57 Ridgecrest Road</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Joseph Kfoury</b>			Director Name		
Street Address <b>57 Ridgecrest Road</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City	State	Zip
Director Name <b>Paula Kfoury</b>			Director Name		
Street Address <b>57 Ridgecrest Road</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	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
			<b>12500</b>	<b>Common</b>	<b>0</b>

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**

**BY** 062197

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 Joseph Kfoury

Date 3-15-2015

**Joseph Kfoury**

Print or Type Name of Authorized Representative

043027017 Kfoury, Inc.  
04-3027017  
FYE: 12/31/2014

## Rhode Island Statements

3/14/2015 6:35 AM

### Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

<u>Pos</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
P	Joseph Kfoury	57 Ridgecrest Road	Fall River	MA	02720

FILED

MAR 18 2015

BY

#062197