



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. 506875		2. Exact name of the Corporation CABRAL'S CATERING & CAFE, INC.			
3. Principal office address 258 KENYON AVENUE			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. (401) 335-3888			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CATERING BUSINESS AND A CAFE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name SONIA L. CABRAL			Vice-President Name SONIA L. CABRAL		
Street Address 94 ROBERT STREET			Street Address 94 ROBERT STREET		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name SONIA L. CABRAL			Treasurer Name SONIA L. CABRAL		
Street Address 94 ROBERT STREET			Street Address 94 ROBERT STREET		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name SONIA L. CABRAL			Director Name NONE		
Street Address 94 ROBERT STREET			Street Address		
City ATTLEBORO	State MA	Zip 02703	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 checked="" 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 SHARES	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

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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.

Sonia L. Cabral 7-9-15
 Signature of Authorized Representative Date

SONIA L. CABRAL President

Print or Type Name of Authorized Representative