



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. 134117		2. Exact name of the Corporation Cafe Choklad, Inc.			
3. Principal office address 2 Thomas Street, Unit #400		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-254-0579		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and operate a restaurant, cafe, or other food and/or beverage establishment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Marie Retlev			Vice-President Name Jens Retlev		
Street Address 70 Aaron Avenue			Street Address 70 Aaron Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Steven M. McInnis			Treasurer Name Marie Retlev		
Street Address 38 Bellevue Avenue			Street Address 70 Aaron Avenue		
City Newport	State RI	Zip 02840	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Marie Retlev			Director Name Jens Retlev		
Street Address 70 Aaron Avenue			Street Address 70 Aaron Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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
			100	Common	\$.01 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

Form No. 630
Revised: 01/2012

BY 1471

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

Marie Retlev

Print or Type Name of Authorized Representative