



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 116571		2. Exact name of the Corporation Cabral's Gourmet Chicken, Inc.		
3. Principal office address 585 Metacom Avenue		City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-3913		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of buying and selling food products at retail and wholesale; to operate a restaurant and the catering of food				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Paul J. Cabral		Vice-President Name Paul J. Cabral		
Street Address 8 Virginia Street		Street Address 8 Virginia Street		
City Warren	State RI	Zip 02885	City Warren	State RI
Secretary Name Paul J. Cabral		Treasurer Name Helen Cabral		
Street Address 8 Virginia Street		Street Address 433 Bushee Road		
City Warren	State RI	Zip 02885	City Swansea	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Paul J. Cabral		Director Name Helen Cabral		
Street Address 8 Virginia Street		Street Address 433 Bushee Road		
City Warren	State RI	Zip 02885	City Swansea	State MA
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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
		1,000	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

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.

Paul J. Cabral 11-26-15
 Signature of Authorized Representative Date
Paul J. Cabral
 Print or Type Name of Authorized Representative

FILED

JAN 06 2016

BY HL 18712