



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