



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 2016

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. 91864		2. Exact name of the Corporation 900 CORP.			
3. Principal office address 50 Berry Lane		City Bristol		State RI	Zip 02809-0000
4. Business Phone No. (401) 254-2293		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island to engage in the coffee and donut business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Coelho			Vice-President Name Jonathan C. Coelho		
Street Address 120 Hopeworth Avenue			Street Address 50 Berry Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Jonathan C. Coelho			Treasurer Name Charles Coelho		
Street Address 50 Berry Lane			Street Address 120 Hopeworth Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Charles Coelho			Director Name Jonathan C. Coelho		
Street Address 120 Hopeworth Avenue			Street Address 50 Berry Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			200	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

FILED

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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.

Charles Coelho
Signature of Authorized Representative

1/04/2016
Date

Charles Coelho

Print or Type Name of Authorized Representative
President