



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

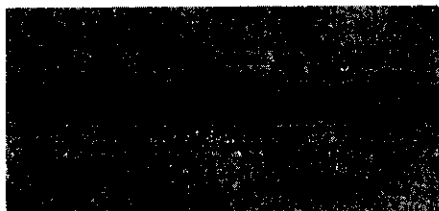
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 506367		2. Exact name of the Corporation Kosseifi, Inc.			
3. Principal office address 579 Atwells Avenue		City Providence	State RI	Zip 02909	
4. Business Phone No. 401 383-5111		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant					
President Name Charbel Kosseifi			Vice-President Name		
Street Address 114 Paine Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name Charbel Kosseifi		
Street Address			Street Address 114 Paine Avenue		
City	State	Zip	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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.



FILED

JAN 25 2016

BY **1265**

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

Charbel Kosseifi

Print or Type Name of Authorized Representative

x1-19-16