

## 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. ፞፞፞ኯ፟ፙ፝፝፟ቝቝ፝ኇዂ፝፞፞፞፞፞፞፞፞፝፝፝፝ቝቝ፝ዀ፞፞፞ዼ CATERING, LTD. State <sup>Zip</sup> 02920 3. Principal office address 1418 Plainfield Street ্রাড় Cranston 5 State of Incorporation 4. Business Phone No. 401-464-4440 6\_Brief description of the character of business conducted in Bhode Island TO do all things lawful related in and to the Operatin of a Restaurant/Food Establishment and Catering Facility. HIPESSEES) (ACCED) FOR AT ACU /ice-President Name RAFFAELE DEFUSCO President Name
RAFFAELE DeFUSCO Street Address
12 Macera Farm Road Street Address
12 Macera Farm Road State <sup>Zip</sup> 02919 City Johnston State <sup>Zip</sup> 02919 City Johnston Treasurer Name Secretary Name Street Address Street Address State Zip City State City ES AND ADDRESSES) ("X" BOX FOR ATTACHMENT 8. UST ALL DIRECTORS (NA Director Name RAFFAELE DeFUSCO Street Address Street Address
12 Macera Farm Road State Zip City State <sup>Zip</sup> 02919 <sup>City</sup> Johnston Director Name Director Name Street Address Street Address State Zip City State Zip City 10. SHARES ISSUED ("X" BOX FOR ATTAO 9. SHARES AUTHORIZED PAR VALUE NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Office of the Secretary no par value 1.000 of State. Changes require an additional filing. See Section 9 of instruction sheet. 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.

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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.

Signature of Afthorized Representative RAFFAELE DeFUSCO

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012