



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

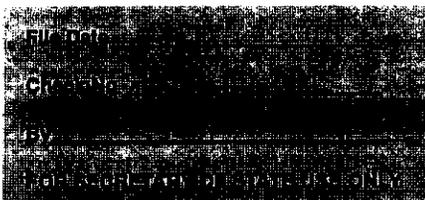
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. 148513		2. Exact name of the Corporation UNCLE RONNIE'S FINE CATERING, INC.								
3. Principal office address 2692 VICTORY HIGHWAY			City NASONVILLE	State RI	Zip 02830					
4. Business Phone No. 401-568-6243			5. State of Incorporation RI							
6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT & CATERING FUNCTIONS										
President Name RONALD DUMAS			Vice-President Name PAULA DUMAS							
Street Address 2692 VICTORY HIGHWAY			Street Address 2692 VICTORY HIGHWAY							
City NASONVILLE	State RI	Zip 02830	City NASONVILLE	State RI	Zip 02830					
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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		
						100		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

FEB 11 2016

BY KL 1989D

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.

Paula Dumas

Signature of Authorized Representative

Date

PAULA DUMAS

Print or Type Name of Authorized Representative