



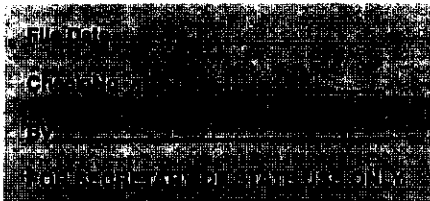
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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