

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 Fee: \$50.00 • FAI					25.00 PENALT	Y FEE.	
1. Entity ID No.		of the Corporation					
138336		CULU INC	2				
3. Principal office address	A NAH S	ve	NORTH PR	0 V·	State R T	zig 29	<u> </u>
4. Business Phone No. 4.01 - 231 960	6		5. State of Incorporat	ion			
6. Brief description of the charac	ter of business co	nducted in Rhode Island	d	·			
RESTAURAN							
7. LIST ALL OFFICERS (NAME	S AND ADDRES:	ES) ("X" BOX FOR A					
President Name BRUNILDE A SIAS			Vice-President Name				
Street Address 1760 ATWOOD AVE			Street Address		" "		
SOHNSTON	State RJ	Zip 919	City	5	State	Zip	
Secretary Name	100		Treasurer Name	7.			
Street Address	<u> </u>		Street Address		, <u> </u>	2016	3E0 000 -
City	State	Zip	City	S	State	Zip E B	PER R
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR,	ATTACHMENT)			de de la Care	了
Director Name			Director Name			P)	
Street Address			Street Address				
City	State	Zip	City	S	State	Zip თ	rn rn
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name	<u>l</u>		1	 -
Street Address	<u>.</u>	<u> </u>	Street Address				
City	State	Zip	City	S	State	Zip	
9. SHARES AUTHORIZED		l de la companion de la compan	10 SHARES ISSUED	("Y" BOY E	OD ATTACHMEN	j max (T) (See See	
		**************************************	NUMBER OF SHARES	CLASS/SERIE		R VALUE	
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.			100-00			0.01	
This report must be executed on	behalf of the corp	oration by an authorized	d representative If the c	ornoration is i	in the hands of a	receiver or t	trustos
t	his report must be	executed on behalf of	the corporation by the re	eceiver or trust	tee.		
			Under penalty of pe	ijury, i declai	re and affirm tha	at i nave exa	amined

	The state of the state of the state of the	to corporation by the receiver of trustee.	
File Date	FILED FEB 16 2016 By 21071099 A:A:	Under penalty of perjury, I declare and affirm that this report, including any accompanying scheduland that all statements contained herein are true Bound Albard Representative BRUNILDE A SIAS Print or Type Name of Authorized Representative	les and statements.
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