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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.	2. Exact name of the Corporation
900582	PRAZERES MANAGEMENT CO., INC.

3. Principal office address	City	State	Zip
670 Metacom Avenue	Warren	RI	02885-0000

4. Business Phone No.	5. State of Incorporation
	RI

6. Brief description of the character of business conducted in Rhode Island
restaurant management and ownership and development of real property

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Christopher J. Prazeres	15 Dorman Drive	Seekonk	MA	02771-

Vice-President Name	Street Address	City	State	Zip
Clifton J. Prazeres	46 Ryan's Way	Swansea	MA	02777-

Secretary Name	Street Address	City	State	Zip
Clifton J. Prazeres	46 Ryan's Way	Swansea	MA	02777-

Treasurer Name	Street Address	City	State	Zip
Joseph Prazeres	670 Metacom Avenue	Warren	RI	02885-

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Christopher J. Prazeres	15 Dorman Drive	Seekonk	MA	02771-

Director Name	Street Address	City	State	Zip
Clifton J. Prazeres	46 Ryan's Way	Swansea	MA	02777-

Director Name	Street Address	City	State	Zip
Joseph Prazeres	670 Metacom Avenue	Warren	RI	02885-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR 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	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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 25 2016
BY 001130

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: 1/04/2016

Christopher J. Prazeres
Print or Type Name of Authorized Representative

President

Form No. 630
Revised: 01/2012

133063-31-1112881