



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. 22745			2. Exact name of the Corporation Jack's Family Restaurant		
3. Principal office address 294 Child Street			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 245-4052			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Restaurant and food services					
President Name Joseph C. Gomes			Vice-President Name Maria Gomes		
Street Address 12 Tallawanda Road			Street Address 88 Franklin Street		
City Swansea	State MA	Zip 02777	City Warren	State RI	Zip 02885
Secretary Name Maria Gomes			Treasurer Name Joseph C. Gomes		
Street Address 88 Franklin Street			Street Address 12 Tallawanda Road		
City Warren	State RI	Zip 02885	City Swansea	State MA	Zip 02777
Director Name Joseph C. Gomes			Director Name Maria Gomes		
Street Address 12 Tallawanda Road			Street Address 88 Franklin Street		
City Swansea	State MA	Zip 02777	City Warren	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			300	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.



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.

Joseph C. Gomes 2/26/16
 Signature of Authorized Representative Date

Joseph C. Gomes, President
 Print or Type Name of Authorized Representative

FILED

MAR 07 2016

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