



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. 000798358		2. Exact name of the Corporation UMELT WEYBOSSET, INC.			
3. Principal office address 129 WEYBOSSET STREET		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-383-6732		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island QUICK SERVICE RESTAURANT BENJAMIN WOOD					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BENJAMIN WOOD			Vice-President Name		
Street Address 51 PETAL LANE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name JESSICA WOOD			Treasurer Name JONATHAN KAUFMAN		
Street Address 51 PETAL LANE			Street Address 373 WICKENDEN STREET		
City WAKEFIELD	State RI	Zip 02879	City PROVIDENCE	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BENJAMIN WOOD			Director Name JESSICA WOOD		
Street Address 51 PETAL LANE			Street Address 51 PETAL LANE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name JONATHAN KAUFMAN			Director Name		
Street Address 373 WICKENDEN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	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
			300		NONE

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

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BY 3247 OS

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

BENJAMIN S. WOOD, PRESIDENT

Print or Type Name of Authorized Representative