



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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2016 MAY 25
 SECRETARY OF STATE
 CORPORATIONS

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY PER DAY

1. Entity ID Number <u>86633</u>		2. Exact name of the Corporation <u>LIONHEART MKT PLAZA GARDEN CENTER</u>	
3. Principal Office Address <u>727 EAST AVE</u>		City <u>PROWTCCKET RI</u>	State <u>RI</u>
4. Business Phone Number <u>401 26-2826</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Robert Yaffe</u>		Vice-President Name <u>URSULA YAFFE</u>	
Street Address <u>6 LONG HWY</u>		Street Address <u>6 LONG HWY</u>	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>8000</u>	
			PAR VALUE
		<u>0</u>	
11. 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. <i>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.</i>			
Name of Authorized Representative <u>Robert Yaffe</u>		Date <u>5/23/16</u>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

MAY 25 2016

By A 275102