



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV.

2016 SEP 29 PM 2:56

1. Entity ID Number 000136335		2. Exact name of the Corporation JIMBO'S CAFE, INC.			
3. Principal Office Address 134-138 COWDEN STREET		City CENTRAL FALLS	State RI	Zip 02863	
4. Business Phone Number 401-499-4447		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BAR RESTAURANT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GIOCONDA SALAZAR		Vice-President Name JAIME SALAZAR			
Street Address 34 SHERWOOD AVENUE		Street Address 34 SHERWOOD AVE.			
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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	State	Zip
9. Shares Authorized		10. Shares Issued Check the 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	PAR VALUE
		1,000			\$1.00
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.					
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.					
Name of Authorized Representative GIOCONDA SALAZAR				Date 9-29-16	
Signature of Authorized Representative <i>Gionda Salazar</i>				SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

SEP 29 2016

BY CH 284783

FORM 630 - Revised: 05/2016