



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 148513		2. Exact name of the Corporation UNCLE RONNIE'S FINE CATERING, INC D/E			
3. Principal Office Address 2692 VICTORY HIGHWAY		City NASONVILLE		State RI	Zip 02830
4. NAICS Code 58	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT SERVING LIQUOR & CATERING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD DUMAS			Vice-President Name PAULA DUMAS		
Street Address 2692 VICTORY HIGHWAY			Street Address 2692 VICTORY HIGHWAY		
City NASONVILLE	State RI	Zip 02830	City NASONVILLE	State RI	Zip 02830
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
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 SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 NO PAR		
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 PAULA DUMAS				Date 1/7/17	
Signature of Authorized Representative <i>Paula Dumas</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

BY

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FORM 630 - Revised: 10/2016