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.

1. Entity ID Number: 136771	2. Exact name of the Corporation: Borowski's Cafe Inc.			
3. Principal Office Address: P.O. Box 194		City: W. Warwick	State: RI.	Zip: 02893
4. NAICS Code: 72	6. Brief description of the character of business conducted in Rhode Island: operation of A cafe/Restaurant serving Alcoholic Beverages And Food			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Wieslawa Drozdowski			Vice-President Name: same		
Street Address: PO Box 194			Street Address:		
City: W. Warwick	State: RI.	Zip: 02893	City:	State:	Zip:
Secretary Name: W. Drozdowski			Treasurer Name: same.		
Street Address: P.O. Box 194			Street Address:		
City: W. Warwick	State: RI	Zip: 02893	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0

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: Wieslawa Drozdowski	Date: 1-18-17
Signature of Authorized Representative: [signature]	

FILED
JAN 18 2017
BY 293427
A.A. 12:49pm.

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

FORM 630 - Revised: 10/2016