



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 91864		2. Exact name of the Corporation 900 CORP.			
3. Principal Office Address 50 Berry Lane		City Bristol		State RI	Zip 02809-0000
4. Business Phone Number: (401) 254-2293		6. Brief description of the character of business conducted in Rhode Island to engage in the coffee and donut business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Coelho			Vice-President Name Jonathan C. Coelho		
Street Address 120 Hopeworth Avenue			Street Address 50 Berry Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Jonathan C. Coelho			Treasurer Name Charles Coelho		
Street Address 50 Berry Lane			Street Address 120 Hopeworth Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Coelho			Director Name Jonathan C. Coelho		
Street Address 120 Hopeworth Avenue			Street Address 50 Berry Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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		
			200	Common	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 Charles Coelho President				Date 1/02/2017	
Signature of Authorized Representative 					

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

JAN 19 2017

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FORM 630 - Revised: 08/2016