



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 72139		2. Exact name of the Corporation The Corporate Cafe			
3. Principal Office Address 40 Westminster Street			City Providence	State RI	Zip 02903
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Deli			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian daLuz			Vice-President Name Jeanne daLuz		
Street Address 74 Pine Ledge Rd			Street Address 74 Pine Ledge Rd		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Jeanne daLuz			Treasurer Name Jeanne daLuz		
Street Address 74 Pine Ledge Rd			Street Address 74 Pine Ledge Rd		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
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
			100	Common	\$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. <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 Brian daLuz				Date 1/20/17	
Signature of Authorized Representative 				FILED JAN 20 2017 SIGN DOCUMENT HERE BY 21020DS	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov