



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 <b>000108992</b>		2. Exact name of the Corporation <b>SUMMIT CAFE, INC.</b>			
3. Principal Office Address <b>11 BLOSSOM STREET</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
4. Business Phone Number: <b>401 739-1992</b>	6. Brief description of the character of business conducted in Rhode Island <b>COFFEE SHOP</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>HOLLEY CASTALDI</b>			Vice-President Name <b>CANDY CASTALDI</b>		
Street Address <b>11 BLOSSOM STREET</b>			Street Address <b>11 BLOSSOM STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>HOLLEY CASTALDI</b>			Treasurer Name <b>CANDY CASTALDI</b>		
Street Address <b>11 BLOSSOM STREET</b>			Street Address <b>11 BLOSSOM STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>1000</b>		<b>CNP</b>		<b>0</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>HOLLEY CASTALDI</b>				Date <b>2/6/2017</b>	
Signature of Authorized Representative <i>Holley A. Castaldi</i>					

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**

FEB 08 2017

By **295293**

**A.A. 10:21 A.M.**

FORM 630 - Revised: 08/2016