



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 796518		2. Exact name of the Corporation SAGE CAFE, INC.			
3. Principal Office Address 181 WILLETT AVENUE		City EAST PROVIDENCE		State RI	Zip 02915
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE, MAINTAIN AND OPERATE A COFFEE SHOP BUSINESS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JILL E INGHAM			Vice-President Name JOAN E MONTI		
Street Address 6 ORCHARD AVENUE			Street Address 963 CARIBOU WAY		
City BARRINGTON	State RI	Zip 02806	City THE VILLAGES	State FL	Zip 32162
Secretary Name JILL E INGHAM			Treasurer Name JOAN E MONTI		
Street Address 6 ORCHARD AVENUE			Street Address 963 CARIBOU WAY		
City BARRINGTON	State RI	Zip 02806	City THE VILLAGES	State FL	Zip 32162
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JILL E INGHAM			Director Name JOAN E MONTI		
Street Address 6 ORCHARD AVENUE			Street Address 963 CARIBOU WAY		
City BARRINGTON	State RI	Zip 02806	City THE VILLAGES	State FL	Zip 32162
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 100		CLASS/SERIES COMMON		PAR VALUE NO PAR VALUE	
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 JILL E INGHAM			Date FEB 10 2017		
Signature of Authorized Representative <i>Jill E Ingham</i>			FILED FEB 10 2017 <i>242</i> <i>LOK</i>		

MAIL TO:
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