



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

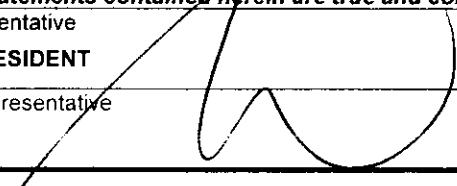
Annual Report for the year: **2017**

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 000798358		2. Exact name of the Corporation UMELT WEYBOSSET, INC.			
3. Principal Office Address 129 WEYBOSSET 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 QUICK SERVICE RESTAURANT				
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 BENJAMIN WOOD			Vice-President Name		
Street Address 51 PETAL LANE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name JESSICA WOOD			Treasurer Name JONATHAN KAUFMAN		
Street Address 51 PETAL LANE			Street Address 373 WICKENDEN STREET		
City WAKEFIELD	State RI	Zip 02879	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BENJAMIN WOOD			Director Name JESSICA WOOD		
Street Address 51 PETAL LANE			Street Address 51 PETAL LANE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name JONATHAN KAUFMAN			Director Name		
Street Address 373 WICKENDEN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	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 300		CLASS/SERIES	PAR VALUE NONE
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 BENJAMIN S. WOOD, PRESIDENT					Date 2/13/17
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

BY

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FORM 630 - Revised: 10/2016