



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

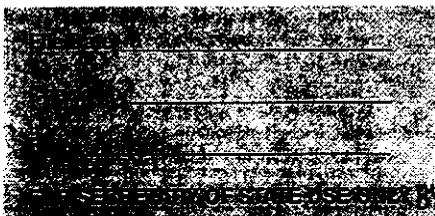
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>791384</b>		2. Exact name of the Corporation <b>RJ Franco, Inc.</b>			
3. Principal office address <b>24 Hoppin Avenue</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No.			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Operating a Restaurant</b>					
<b>LIST OF OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>					
President Name <b>Roberto Franco</b>			Vice-President Name <b>Robert Franco, Jr.</b>		
Street Address <b>24 Hoppin Avenue</b>			Street Address <b>70 Sydney Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Jessica Franco-Castellar</b>			Treasurer Name <b>Jessica Franco-Castellar</b>		
Street Address <b>35 Victoria Avenue</b>			Street Address <b>35 Victoria Avenue</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
<b>LIST OF DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>					
Director Name <b>Roberto Franco</b>			Director Name <b>Robert Franco, Jr.</b>		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Jessica Franco-Castellar</b>			Director Name		
Street Address <b>Same as above</b>			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	No Par

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.



**FILED**

**FEB 24 2017**

**6942**

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.

Signature of Authorized Representative

**Roberto Franco**

Print or Type Name of Authorized Representative