RI SOS Filing Number: 201737221980 Date: 3/2/2017 4:00:00 PM

Annual Report for the y Corporation → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 1. Entity ID Number 115728							
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 1. Entity ID Number 	March 1					• • • •	
•	fee if form is r	ot filed by April 1.					
113/20	2. Exact nar	ne of the Corporati	on		-		
3. Principal Office Address			City		State	Zip	
441 Atwells Avenue			Providence	e	RI	02909	
4. NAICS Code	6. Brief desc	cription of the chara	cter of business	conducted in Rhode	Island		
72 - Accommodation and Foo	RESTAUR	RESTAURANTEURS, CATERERS, INN-KEEPERS, SUPPLIERS, PREPARERS, SERVERS AND					
5. State of Incorporation		RS OF FOOD AND					
Rhode Island							
7. List ALL officers (names and a	ddresses)			Chec	k the box to in	dicate an attachment	
President Name Kenneth M. Turchetta			Vice-President Name Sandra C. Turchetta				
Street Address 52 Lynde Street			Street Address 52 Lynde Street				
City Providence	State RI	^{Zip} 02909	City Providence		State RI	^{Zip} 02909	
Secretary Name Kenneth M. Turchetta			Treasurer Name Sandra C. Turchetta				
Street Address 52 Lynde Street	• • • • • • • • • • • • • • • • • • • •			^S 52 Lynde Street		-	
City Providence	State RI	^{Zip} 02909	City Providence		State RI	^{Zip} 02909	
List ALL directors (names and Director Name			Disease News	Chec	k the box to in	dicate an attachment	
Kenneth M. Turchetta			Director Name None				
Street Address 52 Lynde Street			Street Address	\$			
Providence	State RI	^{Zip} 02909	City		State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
). Shares Authorized		10. Shares Iss				dicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		100		CLASS/SERIES Common		PAR VALUE	
				- Common		No Par Value	
1. This report must be executed rustee, this report must be execu- linder penalty of perjury, I decla tatements, and that all stateme	ed on behalf of are and affirm t	the corporation by	the receiver or tr	ustee.			

MAIL TO:

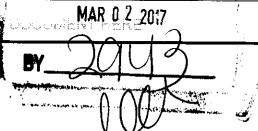
Division of Business Services

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Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016