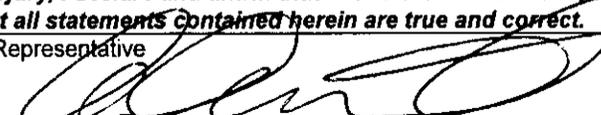




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 95846		2. Exact name of the Corporation ANTONIO'S Portuguese Cafe & Kitchen Inc	
3. Principal Office Address 791 SMITHFIELD AVE		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 72	6. Brief description of the character of business conducted in Rhode Island Cafe serving food & drinks		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANTONIO DACOSTA		Vice-President Name ANTONIO AMARANTE	
Street Address 33 Carriageway		Street Address 1550 Maple St	
City N. Providence	State RI	City N. Dighton	State MA
Zip 02910		Zip 02764	
Secretary Name RAMIRO DACOSTA		Treasurer Name ANTONIO AMARANTE	
Street Address 7 Commodore Way		Street Address 1550 Maple St	
City Smithfield	State RI	City N. Dighton	State MA
Zip 02920		Zip 02764	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANTONIO DACOSTA		Director Name ANTONIO AMARANTE	
Street Address 33 CARRIAGEWAY		Street Address 1550 Maple St.	
City N. Providence	State RI	City N. Dighton	State MA
Zip 02910		Zip 02764	
Director Name RAMIRO DACOSTA		Director Name	
Street Address 7 Commodore Way		Street Address	
City Smithfield	State RI	City	State
Zip 02920		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	CNP
			0
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.		Date 2-28-17	
Name of Authorized Representative 		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

FILED

MAR 03 2017

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