RI SOS Filing Number: 201738338560 Date: 3/20/2017 4:00:00 PM

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

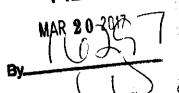
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	ee if form is no	t filed by April 1.					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
63496	K&D Food Services, Inc.						
3. Principal Office Address			City		State	Zip	
1045 Reservoir Avenue	45 Reservoir Avenue				RI	02910	
4. NAICS Code	6. Brief descri	ption of the charac	cter of business cond	ducted in Rhode Is	land		
72 - Accommodation and Food	Restaurant						
5. State of Incorporation	7						
Rhode Island	(401)464-44	54					
7. List ALL officers (names and add	Check the box to indicate an attachment						
President Name Kenneth Demarco	Vice-President Name Kenneth Demarco						
Street Address 1045 Reservoir Ave	Street Address 1045 Reservoir Avenue						
City Cranston	State RI	Zip 02910	City Cranston		State RI	^{Zip} 02910	
Secretary Name Same	Treasurer Name Same						
street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
8. List ALL directors (names and ac	idresses)			Check t	he box to indic	ate an attachment	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	<u> </u>		Director Name				
Director (Yarrio		Should Hamb					
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Iss		sued	ed Check the box to indicate an attachment L			
This information is currently of recor	d in the	NUMBER O	F SHARES	CLASS/SERIES	CLASS/SERIES PAR VALUE		
Department of State.		0			0		
Changes require an additional filing.							
11. This report must be executed or					ation is in the h	ands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar	ed on benait of the and affirm to	ne corporation by hat I have examin	the receiver or trusti ed this report, incli	ee. uding anv accom	panving sched	dules and	
statements, and that all statemen							
Name of Authorized Representative Date							
Kenneth Demarco	Kem	MTV.	margar	- Pres	3/7/	17	
Signature of Authorized Representa	ative		• Graph a		• /		
				LED_			
			_				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016