



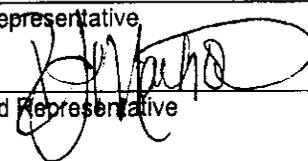
Department of State - Business Services Division

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

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 <b>690342</b>		2. Exact name of the Corporation <b>Limachon Coffee &amp; Cafe, Inc.</b>			
3. Principal Office Address <b>699 South County Trail</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>Any lawful business.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Pamela J. Machon</b>			Vice-President Name <b>Pamela J. Machon</b>		
Street Address <b>158 Glen Rock Road</b>			Street Address <b>same</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name <b>Pamela J. Machon</b>			Treasurer Name <b>Pamela J. Machon</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Pamela J. Machon</b>			Director Name <b>Norman A. Machon, Jr.</b>		
Street Address <b>158 Glen Rock Road</b>			Street Address <b>158 Glen Rock Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Pamela J. Machon</b> 					Date <b>3-16-17</b>
Signature of Authorized Representative					

SIGN DOCUMENT HERE

**FILED**

**MAR 20 2017**

BY 10816 DS

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040