



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 1664002		2. Exact name of the Corporation Livis's Pockets II, Inc.			
3. Principal Office Address 12 Stratford Road			City Barrington		State RI
			Zip 02806		
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Ruba Gabro			Vice-President Name Ruba Gabro		
Street Address 12 Stratford Road			Street Address 12 Stratford Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Ruba Gabro			Treasurer Name Ruba Gabro		
Street Address 12 Stratford Road			Street Address 12 Stratford Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Ruba Gabro			Director Name		
Street Address 12 Stratford Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	STK	No Par Value
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.					
Name of Authorized Representative Ruba Gabro, President					Date 3-29-17
Signature of Authorized Representative <i>Ruba Gabro</i> SIGN DOCUMENT HERE					FILED APR 03 2017