



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 APR -5 PM 3:2

1. Entity ID Number 920019		2. Exact name of the Corporation VANUATU COFFEE ROASTERS LTD			
3. Principal Office Address 294 ATWELLS AVE			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 44		6. Brief description of the character of business conducted in Rhode Island COFFEE SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES B LAPPIN JR			Vice-President Name MARTHA SODERLUND		
Street Address 81 WASHBURN AVE			Street Address 70 RAMSAY ST		
City RUMFORD	State RI	Zip 02916	City RIVERSIDE	State RI	Zip 02915
Secretary Name MARY LAPPIN CONLEY			Treasurer Name MARTHA SODERLUND		
Street Address 72 WASHBURN AVE			Street Address 70 RAMSAY ST		
City RUMFORD	State RI	Zip 02916	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			3000	STD	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.					
Name of Authorized Representative JAMES B LAPPIN JR				Date 4/5/17	
Signature of Authorized Representative 				FILED	

APR 05 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 272-3040

By **300226**