Department of State - Business Services Division					IT APR	
Annual Report for the ye	ar: 20	7			70 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	American April 12 Company of the Com
Corporation			-		2.7	
→ Filing period: January 1 - N	March 1				PA (5	20,0
→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 f	oo if form in not f	ilod bu April 1			ယ္ 🎚	<u>a</u>
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1. Entity ID Number 920019	2. Exact name of	of the Corporation ATU L	OFFEE	ROASTERS	LTP	
3. Principal Office Address 294 ATWELLS AVE			PROV	IDENCE	State R I	Zip 02903
4. NAICS Code			er of business	conducted in Rhode Is	sland	
44	COFFE	E SHUP				
5. State of Incorporation	1					
RI						
7. List ALL officers (names and add	dresses)			Check 1	the box to indica	ate an attachment
President Name			Vice-President Name			
JAMES B LAF						
NAMAHRAW IR	Street Address 70 RAMSAY ST					
CITY RUMFORD	State RT	Zip 02916	City	SIDE	State R I	Zip 02915
Secretary Name			Treasurer Nar	ne	1	
MARY LAPPIN CO	MARTHA SODERLUND					
Street Address 72 WASHBURN AVE			Street Address 70 RAMSAY ST			
City RUMFORD	State T	Zip 02916	City		State	zip 029 15
8. List ALL directors (names and ad		00110	111121		1	ate an attachment
Director Name	Director Name					
Street Address			Street Address			
Street Address			Ctract Addrso	-		
Street Address		- 	Street Address	8		
Street Address City	State	Zip	Street Address City		State	Zip
City	State	Zip	City		State	Zip
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City	State	Zip	City	:	State	Zip
City Director Name Street Address	State		City Director Name	:	State	
City Director Name	State	Zip	City Director Name	:	State	Zip
City Director Name Street Address City		Zip	City Director Name Street Address City	5	State	Zip
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City Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or trustee, this report must be executed Under penalty of perjury, I declar	State d in the behalf of the cord on behalf of the and affirm that	2ip 10. Shares Issue NUMBER OF SI 3000 poration by an aut corporation by the	City Director Name Street Address City cd HARES	Check to class/series	State he box to indica	Zip ate an attachment PAR VALUE C ands of a receiver or
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