



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR -5 PM 3:17

1. Entity ID Number 937919		2. Exact name of the Corporation Camera Enterprises, Inc.			
3. Principal Office Address 19 Paige Place			City Hope Valley	State RI	Zip 02832
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island bread and cake distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Camera			Vice-President Name		
Street Address 19 Paige Place			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael Camera			Director Name		
Street Address 19 Paige Place			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	\$0.0000	
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 Michael Camera				Date 4/5/17	
Signature of Authorized Representative <i>[Signature]</i>				FILED APR 05 2017 3:21 BY CA 300225	

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 02/2017