



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.

R.I. DEPT. OF STATE
 BUSINESS DIV.
 2017 JUN -5 AM 11:41

AMENDED

1. Entity ID Number 790525		2. Exact name of the Corporation Angelina's, Inc.			
3. Principal Office Address 301 Hope Street			City Bristol	State RI	Zip 02809
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Breakfast restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa B. Hostetler			Vice-President Name Lisa B. Hostetler		
Street Address 432 Long Highway			Street Address 432 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Lisa B. Hostetler			Treasurer Name Lisa B. Hostetler		
Street Address 432 Long Highway			Street Address 432 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa B. Hostetler			Director Name		
Street Address 432 Long Highway			Street Address		
City Little Compton	State RI	Zip 02837	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
			1,000		Common
			PAR VALUE		No Par
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 Lisa B. Hostetler					Date 6/5/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JUN 05 2017

BY

11:41



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 05, 2017 11:41 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

