



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.

2017 AUG 17 AM 10:11  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

1. Entity ID Number <b>112438</b>		2. Exact name of the Corporation <b>Salvation Cafe, Inc.</b>			
3. Principal Office Address <b>140 Broadway</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>72 - Accommodation and Food</b>	6. Brief description of the character of business conducted in Rhode Island <b>To operate a restaurant</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Susan Lamond</b>			Vice-President Name <b>Susan Lamond</b>		
Street Address <b>140 Broadway</b>			Street Address <b>140 Broadway</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Susan Lamond</b>			Treasurer Name <b>Susan Lamond</b>		
Street Address <b>140 Broadway</b>			Street Address <b>140 Broadway</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>		<b>Common</b>		<b>No Par</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Susan Lamond, President</b> <i>SUSAN LAMOND</i>					Date <b>8-15-17</b>
Signature of Authorized Representative <i>[Signature]</i>					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

AUG 17 2017  
BY 13186  
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FORM 630 - Revised: 10/2016