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State of Rhode Island and Providence Plantations Department of State - Business Services Division						2017 AUG	≂
Annual Report for the year				A A	<u> </u>		
Corporation				ଟ			
→ Filing period: January 1 - M				29	SV.		
→ Filing Fee: \$50,00				₽.	SA		
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name o	f the Corporation				0	#H
000798972	The Salad Man & Juice Bar Inc.						• • •
3. Principal Office Address			City	- 	State		Zip
211 Vermont Avenue			Providence		RI		02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
7a 旦	Food Truck						
5. State of Incorporation	1						
Rhode Island							
						ndicate a	n attachment
President Name Ashley Russell Spellman			Vice-President Name				
Street Address 211 Vermont Avenue			Street Address				
^{City} Providence	State RI	^{Zip} 02906	City		State		Zip
Secretary Name Sterling Clinton-Spellman			Treasurer Name Ashley Russell Spellman				
Street Address 211 Vermont Avenue			Street Address 211 Vermont Avenue				
City Providence	State RI	^{Zip} 02906			State RI		^{Zip} 02906
8. List ALL directors (names and ad	In		e box to i	ndicate a	n attachment 🔲		
Director Name Ashley Russell Spellman			Director Name				
Street Address 211 Vermont Avenue			Street Address				
City Providence	State RI	^{Zip} 02906	City		State		Zip
Director Name Sterling Clinton-Spe	Director Name						
Street Address 211 Vermont Avenue			Street Address				
	State RI	^{Žip} 02906	City	State			Zip
9. Shares Authorized	d in the	10. Shares Issued NUMBER OF SH		Check th	e box to ir		n attachment PAR VALUE
This information is currently of record in the Department of State.		100		CWP		\$.0010	
Changes require an additional filing.						7.44.4	
11. This report must be executed on	behalf of the corp	L poration by an auth	l norized repres	entative. If the corpora	ition is in t	he hands	s of a receiver or
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tru	ustee.			
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					Date		
Ashley Russell Spellman					05/22/2017		
Signature of Authorized Representative 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 29 2017 3116

BY \$311329 FORM 630 - Revised: 02/2017