



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

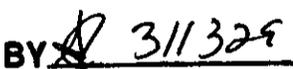
Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 AUG 29 PM 3:07

1. Entity ID Number 000798972		2. Exact name of the Corporation The Salad Man & Juice Bar Inc.			
3. Principal Office Address 211 Vermont Avenue			City Providence	State RI	Zip 02905
4. NAICS Code 72	6. Brief description of the character of business conducted in Rhode Island Food Truck				
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 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	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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-Spellman			Director Name		
Street Address 211 Vermont Avenue			Street Address		
City Providence	State RI	Zip 02906	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	PAR VALUE
		100	CWP	\$.0010	
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 Ashley Russell Spellman				Date 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

FILED
AUG 29 2017
 BY  **311325** 3:09