



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 SEP 21 AM 11:16

1. Entity ID Number 487833		2. Exact name of the Corporation CROSBY'S CAFE, INC.			
3. Principal Office Address 31 MEETING STREET		City COVENTRY		State RI	Zip 02816
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN RESTAURANT BUSINESS			
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 JAMES A. CROSBY			Vice-President Name JAMES A. CROSBY		
Street Address 31 MEETING STREET			Street Address 31 MEETING STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name JAMES A. CROSBY			Treasurer Name JAMES A. CROSBY		
Street Address 31 MEETING STREET			Street Address 31 MEETING STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES A. CROSBY			Director Name		
Street Address 31 MEETING STREET			Street Address		
City COVENTRY	State RI	Zip 02816	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
			NON ISSUED		PAR VALUE 0.01
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 JAMES A. CROSBY					Date 9/20/2017
Signature of Authorized Representative 					

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
 SIGN DOCUMENT HERE
SEP 21 2017
 BY **3130023**
A.A.