

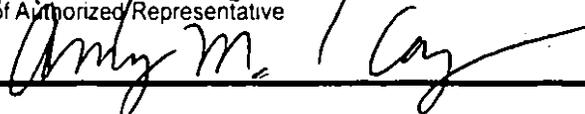
 State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 OCT -4 PM 12:46

1. Entry ID Number 683004		2. Exact name of the Corporation THE CARY CORPORATION			
3. Principal Office Address 51 MILLER ST.			City Warren	State RI.	Zip 02885
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amy Cary			Vice-President Name Joel Cary		
Street Address 4 Lyndon St.			Street Address 4 Lyndon St.		
City Warren	State RI.	Zip 02885	City Warren	State RI.	Zip 02885
Secretary Name Amy Cary			Treasurer Name Joel Cary		
Street Address 4 Lyndon St.			Street Address 4 Lyndon St.		
City Warren	State RI.	Zip 02885	City Warren	State RI.	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE	
		1000	Common	.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.					
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 Amy Cary					Date 10/03/17
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
 OCT 04 2017
 BY Joel 319063