



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2017RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 OCT -6 PM 1:13

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

1. Entity ID Number <u>83891</u>		2. Exact name of the Corporation <u>L.A. Cafe Inc</u>			
3. Principal Office Address <u>245 Washington st.</u>			City <u>west warwick</u>	State <u>RI</u>	Zip <u>02893</u>
4. NAICS Code <u>722410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Bar / Restaurant</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Michael James Kelly</u>			Vice-President Name <u>Alfred Anzevino</u>		
Street Address <u>245 Washington st.</u>			Street Address <u>245 Washington st.</u>		
City <u>west warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>west warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>Alfred Anzevino</u>			Treasurer Name <u>Michael James Kelly</u>		
Street Address <u>Same as Above</u>			Street Address <u>Same as Above</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>1000</u>	<u>Common</u>	<u>No Par</u>	
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 <u>Michael J Kelly</u>					Date <u>10/6/17</u>
Signature of Authorized Representative <u>Mike Kelly</u>					

FILED

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BY

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