



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2017

→ 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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BUS SVCS DIV

2017 OCT -6 PM 1:13

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

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

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