



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2 / 2018

STALLMAN

→ 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 61761		2. Exact name of the Corporation CAV, INC.			
3. Principal Office Address 14 Imperial Place		City Providence		State RI	Zip 02906
4. NAICS Code 72-Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island Restaurant <i>722511</i>				
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 John Moubayed			Vice-President Name Alvin Stallman		
Street Address 42 Narragansett St			Street Address 14 Imperial Place		
City Teaticket	State MA	Zip 02536	City Providence	State RI	Zip 02903
Secretary Name John Moubayed			Treasurer Name Alvin Stallman		
Street Address as above			Street Address as above		
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 JOHN MOUBAYED			Director Name ALVIN STALLMAN		
Street Address AS ABOVE			Street Address AS ABOVE		
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		
			100	common	NPV
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 Ally Stallman				Date 12/6/17	
Signature of Authorized Representative <i>Alvin Stallman</i>				SIGN DOCUMENT HERE 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

DEC 11 2017

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FORM 630 - Revised: 10/2017