RI SOS Filing Number: 201857433340 Date: 1/31/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

→ 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	2. Exact name of the Corporation			
83183	GOOD FRIENDS, INC.			
3. Principal Office Address		City	State	Zip
548 LONSDALE AVENUE		CENTRAL FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	TO ENGAGE IN THE BUSINESS OF OWNING REAL ESTATE/BAR LOUNGE			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARIA M. LAMAS			Vice-President Name: N/A		
Street Address: 546 LONSDALE AVENUE			Street Address:		
City: CENTRAL FALLS	State: RI	Zip: 02863	City:	State:	Zip:
Secretary Name: MARIA M. LAMAS			Treasurer Name: MARIA M. LAMAS		
Street Address: 546 LONSDALE AVENUE			Street Address: 546 LONSDALE AVENUE		
City: CENTRAL FALLS	State: RI	Zip: 02863	City: CENTRALL FALLS	State: RI	Zip: 02863

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MARIA M. LAMAS			Director Name: N/A		
Street Address: 546 LONSDALE AVENUE			Street Address:		
City: CENTRAL FALLS	State: RI	Zip: 02863	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
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
100 SHARES	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		Date
MARIA M. LAMAS	(President)	1/17/2018

Signature of Authorized Representative: /s/ Maria M. Lamas 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

JAN 31 2018
BY 1914

FORM 630 - Revised: 10/2017