

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

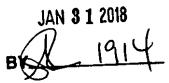
→ Penalty: Additional \$25.0	0 fee if form is no	ot filed by April 1.					
1. Entity ID Number 83183		2. Exact name of the Corporation GOOD FRIENDS, INC.					
Principal Office Address SAS LONSDALE AVENUE	····		City CENTRAL	FALLS	State RI	Zip 02863	
4. NAICS Code 722511 5. State of Incorporation	li e	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING REAL ESTATE/BAR LOUNGE					
RHODE ISLAND							
7. List ALL officers (names and President Name	Mice-Preside	Check the box to indicate an attachment Vice-President Name					
President Name MARIA M. LAMA	VICE TIESISCHI NAILE N/A						
Street Address 546 LONSDALE	Street Address						
City CENTRAL FALLS	State RI	Zıp02863	City		State	Zıp	
Secretary Name MARIA M. LAMAS			Treasurer Name MARIA M. LAMAS				
Street Address 546 LONSDALE AVENUE			Street Address 546 LONSDALE AVENUE				
C 'y CENTRAL FALLS	State RI	Zip02863	City CENTE	RALL FALLS	State RI	^{Zıp} 02863	
8. List ALL directors (names and	d addresses)				eck the box to	indicate an attachment 🔲	
Director Name MARIA M. LAMA	Director Nan	Director Name N/A					
Street Address 546 LONSDALE AVENUE			Street Address				
City CENTRAL FALLS	State RI	Zip 02863	City		State	Zip	
Oirector Name N/A			Director Name N/A				
Street Address			Street Address				
City	State	Žīp	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			100 SHARES		ERES	PAR VALUE NO PAR	
11. This report must be execute trustee, this report must be exec					orporation is in	the hands of a receiver or	
Under penalty of perjury, I dec	clare and affirm	that I have examin	ed this report,		companying s	schedules and	
statements, and that all statements contained herein are true and corre- Name of Authorized Representative				Date			
MARIA M. LAMAS (Presider						1/17/2018	
Signature of Authorized Repress	entative	SIGN DO	CUMENT HER	FILED			

MAIL TO: U

Division of Business Services

148 W. River Street: Providence, Rhode island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017