



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 83183		2. Exact name of the Corporation GOOD FRIENDS, INC.			
3. Principal Office Address 548 LONSDALE AVENUE		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SES 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 MARIA M. LAMAS (President)					Date 1/17/2018
Signature of Authorized Representative <i>Maria M. Lamas</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

JAN 31 2018

B-1914

FORM 630 - Revised: 10/2017