



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

FILED

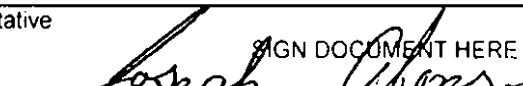
Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 26 2018 TAMP

BY

5940 FOR SECRETARY OF STATE

1 Entity ID Number 85746		2. Exact name of the Corporation Cafe Central, Ltd.												
3 Principal Office Address 173 Bradford Street			City Bristol	State RI	Zip 02809									
4 NAICS Code 722511		6 Brief description of the character of business conducted in Rhode Island Maintain, operate, sell and otherwise dispose of restaurants, taverns, cafes, bars, and/or cocktail lounges; Title: 7-1.1-51												
5 State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joseph Afonso			Vice-President Name Joseph Afonso											
Street Address 14 Prospect Street			Street Address 14 Prospect Street											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
Secretary Name Joseph Afonso			Treasurer Name Joseph Afonso											
Street Address 14 Prospect Street			Street Address 14 Prospect Street											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Teresa Afonso			Director Name											
Street Address 14 Prospect Street			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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.			10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>Issued Shares - 1,000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td>Auth'd. Shares - 2,000</td> <td></td> <td>No Par Value</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	Issued Shares - 1,000	Common	No Par	Auth'd. Shares - 2,000		No Par Value
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Issued Shares - 1,000	Common	No Par												
Auth'd. Shares - 2,000		No Par Value												
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 Joseph Afonso					Date 2/17/18									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									