



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -9 PM 2:59

1. Entity ID Number 000605273		2. Exact name of the Corporation WATERFALL CAFE, INC.			
3. Principal Office Address 35 East Avenue		City Burrillville		State RI	Zip 02830
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
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 Synthia J. Vinson			Vice-President Name Synthia J. Vinson		
Street Address 5990 109th Street			Street Address 5990 109th Street		
City Seminole	State FL	Zip 33772	City Seminole	State FL	Zip 33772
Secretary Name Synthia J. Vinson			Treasurer Name Synthia J. Vinson		
Street Address 5990 109th Street			Street Address 5990 109th Street		
City Seminole	State FL	Zip 33772	City Seminole	State FL	Zip 33772
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
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		PAR VALUE	
1000		Common		\$0.01	
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 Synthia J. Vinson					Date 3.7.18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

BY

MAR 09 2018
BY **326284**
A.A.

MAR 09 2018
FILED

FORM 630 - Revised: 10/2017