



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 001667372		2. Exact name of the Corporation BRICKS CAFE, INC.			
3. Principal Office Address 805 OAKLAND BEACH AVE.		City WARWICK	State RI	Zip 02889	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant operations serving food & beverages			
5. State of Incorporation Rhode Island					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name Robert D. ENSHER			Vice-President Name JAMES R. MORANTO		
Street Address 44 KRISTEE CIRCLE			Street Address 103 LEE AVE		
City WEST WARWICK	State RI	Zip 02893	City WARWICK	State RI	Zip 02889
Secretary Name Colleen S. MORANTO			Treasurer Name BRENDA K. ESPOSITO		
Street Address 103 LEE AVE			Street Address 44 KRISTEE CIRCLE		
City WARWICK	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name NONE			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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200		NO PAR
			CLASS/SERIES		
			COMMON		
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 JAMES R. MORANTO					Date 3-9-18
Signature of Authorized Representative <i>James R. Moranto</i>			SIGN DOCUMENT HERE		

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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