



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

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

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1. Entity ID Number 000106844		2. Exact name of the Corporation Tabor Franchi Canteen Inc			
3. Principal Office Address 170 Randall Street		City Cranston	State RI	Zip 02920	
4. NAICS Code 81 - Other Services 722410	6. Brief description of the character of business conducted in Rhode Island VFW Post Bar				
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 Carlos A. Barbeiro			Vice-President Name Gene Crudale		
Street Address 6 Rancocos Drive			Street Address 224 E View Avenue		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Secretary Name Denise M. Calise			Treasurer Name Wilson A. Soto		
Street Address 80 Massaslot Avenue			Street Address 241 Cottage Street 2nd Floor		
City Cranston	State RI	Zip 02905	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Salvatore J. Capirchio			Director Name Thomas E. Mooney		
Street Address 9 Wellspring Drive			Street Address 16 Elizabeth Ann Drive		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
Director Name Carlos A. Barbeiro			Director Name Wilson A. Soto		
Street Address 6 Rancocos Drive			Street Address 241 Cottage Street 2nd Floor		
City Warwick	State RI	Zip 02888	City Woonsocket	State RI	Zip 02895
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	STK	0.00	
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					Date
					May 26, 2018
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JUN 04 2018

BY 25190030204

PS