



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

Annual Report for the year:
Corporation

2018

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SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 30 PM 1:35

- 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 <u>000504875</u>		2. Exact name of the Corporation <u>Plouffe's Enterprises Inc</u>			
3. Principal Office Address <u>267 Main Street</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Diner & Pub</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Robert Plouffe</u>			Vice-President Name		
Street Address <u>53 Ash Street</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name <u>Cara Jenness</u>			Treasurer Name		
Street Address <u>94 Centre St. Apt 3</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
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 <u>4</u>		
			CLASS/SERIES		
			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. <u>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.</u>					
Name of Authorized Representative <u>Robert Plouffe</u>					Date <u>8/30/18</u>
Signature of Authorized Representative					

SIGNATURE AND DATE
FILED

AUG 30 2018

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BY CK KJJ ZK