



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

Annual Report for the year: 2018  
Corporation

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SECRETARY OF STATE  
CORPORATIONS DIV

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- 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 <b>000082883</b>		2. Exact name of the Corporation <b>VULCAN CAFE</b>	
3. Principal Office Address <b>200 CROSS ST.</b>		City <b>CENTRAL FALLS</b>	State <b>R.I.</b>
4. NAICS Code <b>722410</b>		6. Brief description of the character of business conducted in Rhode Island <b>BAR - meal and Beverage</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>FERNANDO MONTEIRO</b>		Vice-President Name _____	
Street Address <b>55 STANWOOD ST.</b>		Street Address _____	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	
Secretary Name _____		Treasurer Name _____	
Street Address _____		Street Address _____	
City _____	State _____	Zip _____	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name _____		Director Name _____	
Street Address _____		Street Address _____	
City _____	State _____	Zip _____	
Director Name _____		Director Name _____	
Street Address _____		Street Address _____	
City _____	State _____	Zip _____	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>00</b>	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. <b>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.</b>			
Name of Authorized Representative <b>Fernando Monteiro</b>		Date <b>9.24.18</b>	
Signature of Authorized Representative <b>[Signature]</b>			