



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Corporation

2018

2018 SEP 24 AM 11:55

- 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 000082883 | | 2. Exact name of the Corporation VULCAN CAFE | | |
| 3. Principal Office Address 200 CROSS ST. | | City CENTRAL FALLS | State R.I. | Zip 02863 |
| 4. NAICS Code 722410 | 6. Brief description of the character of business conducted in Rhode Island BAR - meal and Beverage | | | |
| 5. State of Incorporation RI | | | | |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment | | | | |
| President Name FERNANDO MONTEIRO | | Vice-President Name | | |
| Street Address 55 STANWOOD ST. | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State |
| Secretary Name | | Treasurer Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. Shares Authorized | | 10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment | | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 00 | | |
| Changes require an additional filing. | | CLASS/STRIKES 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. | | | | |
| 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 Fernando Monteiro | | | Date 9-24-18 | |
| Signature of Authorized Representative | | | | |

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

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FILED
SEP 24 2018
BY JBT/MK