



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

2018 SEP 28 PM 1:32

- 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 000136335		2. Exact name of the Corporation JIMBO'S CAFE INC.	
3. Principal Office Address 134 COWDEN STREET		City CENTRAL FALLS	State RI
		Zip 02863	
4. NAICS Code 722410	5. Brief description of the character of business conducted in Rhode Island BAR RESTAURANT		
6. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GIACONDA SALAZAR		Vice-President Name JAIME SALAZAR	
Street Address 34 SHERWOOD AVE		Street Address NORTH PROV.	
City NORTH PROV.	State R.I.	Zip 02911	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1,000	
		#1.00	
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 GIACONDA SALAZAR		Date 9/28/18	
Signature of Authorized Representative <i>Giacinda Salazar</i>		FILED	

SEP 28 2018

BY CH QUTER