



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

Annual Report for the year: **2019**
 Corporation _____

STAMP

FILE
 DEPARTMENT OF STATE
 BUSINESS SERVICES

- 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 001667327		2. Exact name of the Corporation Rome Point Cafe, Inc.			
3. Principal Office Address 820 Boston Neck Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Breakfast/Lunch Restaurant			
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 Shanna Muise			Vice-President Name Shanna Muise		
Street Address 32 Hazard Avenue			Street Address 32 Hazard Avenue		
City Wakefield	State RI	Zip 02852	City Wakefield	State RI	Zip 02852
Secretary Name Shanna Muise			Treasurer Name Shanna Muise		
Street Address 32 Hazard Avenue			Street Address 32 Hazard Avenue		
City Wakefield	State RI	Zip 02852	City Wakefield	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Shanna Muise			Director Name		
Street Address 32 Hazard Avenue			Street Address		
City Wakefield	State RI	Zip 02852	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	CLASS/SERIES	PAR VALUE
			100	CWP	\$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. <i>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.</i>					
Name of Authorized Representative Shanna Muise				Date 1-14-19	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

JAN 17 2019

BY 0880 DS FORM 630 - Revised: 10/2017