



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

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

- 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>61761</b>		2. Exact name of the Corporation <b>CAV, INC.</b>			
3. Principal Office Address <b>14 IMPERIAL PLACE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</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>JOHN MOUBAYED</b>			Vice-President Name <b>ALVIN STALLMAN</b>		
Street Address <b>42 NARRAGANSETT ST</b>			Street Address <b>14 IMPERIAL PLACE</b>		
City <b>TEATICKET</b>	State <b>MA</b>	Zip <b>02536</b>	City <b>PROVIDENCE</b>	State <b>Ri</b>	Zip <b>02903</b>
Secretary Name <b>ALVIN STALLMAN</b>			Treasurer Name <b>JOHN MOUBAYED</b>		
Street Address			Street Address		
City	State	Zip	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 <b>JOHN MOUBAYED</b>			Director Name <b>ALVIN STALLMAN</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>NPV</b>
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					Date <b>1/29/19</b>
Signature of Authorized Representative					

**FILED**

**FEB 01 2019**

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