



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

FILED

MAR 06 2019

BY

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 001667372		2. Exact name of the Corporation B. SICKS CAFE, INC.	
3. Principal Office Address 805 OAKLAND BEACH AVE.		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 722511	5. Brief description of the character of business conducted in Rhode Island Restaurant operations serving food & beverages		
6. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Robert D. ENSHER		Vice-President Name JAMES R. MORANTO	
Street Address 44 KRISTEE CIRCLE		Street Address 103 LEE AVE	
City WPT WARWICK	State RI	City WARWICK	State RI
Zip 02893		Zip 02893	
Secretary Name Colleen S. MORANTO		Treasurer Name BRENDA K. ESPOSITO	
Street Address 103 LEE AVE		Street Address 44 KRISTEE CIRCLE	
City WARWICK	State RI	City WPT WARWICK	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		Number of Shares 200	
Changes require an additional filing.		Class(es) COMMON	
		Par Value N: PAR	
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 JAMES R. MORANTO		Date 3-2-19	
Signature of Authorized Representative <i>James R. Moranto</i>		SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 10/2016