RI SOS Filing Number: 201989306840 Date: 3/26/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

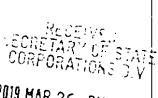
Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1



2019 MAR 26 PH 1:49

Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
143329	Boojums	Boojums, Inc.					
3 Principal Office Address			City	•	State	Zip	
1455 Westminster Street			Providence	e	RI	02093	
4. NAICS Code	6. Brief desci	6. Brief description of the character of business conducted in Rhode Island					
722511	Operation of	Operation of a Restaurant					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names ar	nd addresses)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Chec	k the box to it	ndicate an attachment	
President Name Desmonde O	Vice-Pres dent Name						
Street Address 1455 Westminster Street			Street Address				
City Providence	State RI	Zip 02909	City		State	Zip	
Secretary Name Desmonde O'Donnell-Lawson			Treasurer Name Desmonde O'Donnell-Lawson				
Street Address 1455 Westminster Street			Street Address 1455 Westminster Street				
City Providence	State RI	Z P02903	City Providence State		State RI	Zip 0290	
8. List ALL directors (names a	and addresses)	•	<u></u>		k the box to i	ridicate an attachment 🗖	
Director Name Desmonde O'L	Donnell-Lawson		Director Nam	ne			
Street Address 1455 Westminster Street			Street Address				
City Providence	Stale RI	^{Ζιρ} 0290 3	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	<u> </u>	☐ Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		NUMBER O		CLASSISERIES PAR VALUE			
		100	100			No Par	
Changes require an additional	filing.		•		· •		
11. This report must be execu			•	•	poration is in t	the hands of a receiver or	
trustee, this report must be e						abadulas and	
Under penalty of perjury, I ostatements, and that all sta			•	including any acco	mpanying s	cneaules and	
Name of Authorized Represe		merem dre nae ar	, u co,, ect.		Date		
Desmonde O'Donnell-Laws	son					-26-19	
Signature of Authorized Repr	esentative		į.			,	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rr.gov MAR 2 6 2019 1:49