



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2019 MAR 26 PH 1:49

1. Entity ID Number 143329		2. Exact name of the Corporation Boojums, Inc.												
3. Principal Office Address 1455 Westminster Street		City Providence		State RI	Zip 02093									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a 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 Desmonde O'Donnell-Lawson			Vice-President 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	Zip 02909	City Providence	State RI	Zip 02909									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Desmonde O'Donnell-Lawson			Director Name											
Street Address 1455 Westminster Street			Street Address											
City Providence	State RI	Zip 02909	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS-SERIES	PAR VALUE												
100	Common	No 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 Desmonde O'Donnell-Lawson					Date 3-26-19									
Signature of Authorized Representative 														

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

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FORM 630 - Revised: 10/2017