



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

Annual Report for the year: 2019
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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- 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 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			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		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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