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# State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR: 2019** 

1. Corporate ID No. 001664002

2. Name of Corporation Livi's Pockets II, Inc.

3. Street Address Principal Business Office:

No. and Street: <u>65 WEYBOSSET STREET</u>, <u>SUITE 101</u>

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

4. Business Phone No.

401-453-6500

5. State of Incorporation

State: RI

#### ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

722513

6. Brief Description of the Character of Business Conducted in Rhode Island

## RESTAURANT, SOUPS & SANDWICHS DAYTIME ONLY

### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Title     | Individual Name             | Address                                         |  |
|-----------|-----------------------------|-------------------------------------------------|--|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |  |
| PRESIDENT | RUBA GABRO                  | 12 STRATFORD ROAD<br>BARRINGTON, RI 02806 USA   |  |

| VICE PRESIDENT | RUBA GABRO | 12 STRATFORD RD<br>BARRINGTON, RI 02806 USA |
|----------------|------------|---------------------------------------------|
| DIRECTOR       | RUBA GABRO | 12 STRATFORD RD<br>BARRINGTON, RI 02806 USA |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|------------------------------------------------|--------------------------------------------|
| CNP            |                 | \$0.0000            | 100.00                                         | 100                                        |

9. 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.

**Signed this 31 Day of March, 2019 at 1:38:14 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By RUBA GABRO

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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