

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2019 OCT -4 P 3:48

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 <u>000136335</u>		2. Exact name of the Corporation <u>JIMBO'S CAFE INC.</u>	
3. Principal Office Address <u>134 COWDEN STREET</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u> Zip <u>02863</u>
4. NAICS Code <u>722410</u>	6. Brief description of the character of business conducted in Rhode Island <u>BAR RESTAURANT</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>GIOLCONDA SALAZAR</u>		Vice-President Name <u>JAIME SALAZAR</u>	
Street Address <u>34 SHERWOOD AVE</u>		Street <u>34 SHERWOOD AV. NO. PROV. RI</u>	
City <u>NORTH PROV.</u>	State <u>R.I.</u>	Zip <u>02911</u>	City <u></u> State <u></u> Zip <u>02911</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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.		NUMBER OF SHARES <u>1,000</u>	
Changes require an additional filing.		CLASS/SERIES <u></u>	
		PAR VALUE <u>\$1.00</u>	
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 <u>GIOLCONDA SALAZAR</u>		Date <u>9/28/19</u>	
Signature of Authorized Representative <u>Giolconda Salazar</u>		FILED <u>C</u> OCT 08 2019 BY <u>CK NK76H</u> <u>3:48</u>	