



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

2019 DEC 31
STAMP
 SECRETARY OF STATE
 USE ONLY
 PH: 224-24

Annual Report for the year: 2020
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 98744		2. Exact name of the Corporation DEV'S CAFE, INC.					
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.		City LINCOLN		State RI	Zip 02865		
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A BAR AND/OR LOUNGE					
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 MICHELE C. DOLINSKI			Vice-President Name				
Street Address 341 CHAPEL STREET			Street Address				
City HARRISVILLE	State RI	Zip 02830	City	State	Zip 02830		
Secretary Name MICHELE C. DOLINSKI			Treasurer Name MICHELE C. DOLINSKI				
Street Address 341 CHAPEL STREET			Street Address 341 CHAPEL STREET				
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name MICHELE C. DOLINSKI			Director Name NONE				
Street Address 341 CHAPEL STREET			Street Address				
City HARRISVILLE	State RI	Zip 02830	City	State	Zip		
Director Name NONE			Director Name NONE				
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"/>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100		COMMON		NO PAR VALUE	
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. <i>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.</i>							
Name of Authorized Representative MICHELE C. DOLINSKI				Date 12/19/19			
Signature of Authorized Representative <i>X. Michele C. Dolinski</i>				FILED SIGN DOCUMENT HERE			

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

DEC 31 2019
BY: KL 10176