State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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	2. Exact name of the Corporation			
681559	Ralph's Kitchen & Catering, Ltd.			
3. Principal Office Address: 470 Atwood Avenue		City: Cranston	State: RI	Zip: 02920
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: TO DO ALL THINGS LAWFUL RELATED IN AND TO OPERATING A RESTAURANT/FOOD ESTABLISHMENT AND CATERING FACILITY			
5. State of Incorporation: Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ralph Defusco			Vice-President Name: Ralph Defusco		
Street Address: 470 Atwood Avenue			Street Address: 470 Atwood Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Ralph Defusco			Treasurer Name: Ralph Defusco		
Street Address: 470 Atwood Avenue			Street Address: 470 Atwood Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	.01

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: RALPH DEFUSCO

Date: 1/13/2020

Signature of Authorized Representative: Ralph Defusco

FILED
JAN 21 2020
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11:59

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

FORM 630 - Revised: 10/2017