RI SOS Filing Number: 202033678070 Date: 2/3/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 03 2020

BY

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
161432	CAFETERIA CONCEPTS, INC.

3. Principal Office Address	City	State	Zip
406b MAIN STREET	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722155	FOOD SERVICE/CAFETERIA
5. State of Incorporation	
RHODE ISLAND	

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

President Name: DANIEL R. O'DOWD			Vice-President Name: DANIEL R. O'DOWD		
Street Address: 406B MAIN STREET			Street Address: 406B MAIN STREET		
City: WAKEFIELD	State: RI	Zip: 02879	City: WAKEFIELD	State: RI	Zip: 02879
Secretary Name: DANIEL R. O'DOWD			Treasurer Name: DANIEL R. O'DOWD		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip

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

Director Name: DANIEL R. O'DOWD			Director Name		
Street Address: SAME AS ABOVE			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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	20		0

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	Date
DANIEL R. O'DOWD	9/30/19

Signature of Authorized Representative: Daniel R. O'Dowd — SIGN DOCUMENT HERE — SIGN 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

FORM 630 - Revised: 10/2017