



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

FILED

Annual Report for the year: **2020**  
Corporation

FEB 03 2020

BY HWLOS

- 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 <b>161432</b>		2. Exact name of the Corporation <b>CAFETERIA CONCEPTS, INC.</b>			
3. Principal Office Address <b>406b MAIN STREET</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>722155</b>		6. Brief description of the character of business conducted in Rhode Island <b>FOOD SERVICE/CAFETERIA</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DANIEL R. O'DOWD</b>			Vice-President Name <b>DANIEL R. O'DOWD</b>		
Street Address <b>406B MAIN STREET</b>			Street Address <b>406B MAIN STREET</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>DANIEL R. O'DOWD</b>			Treasurer Name <b>DANIEL R. O'DOWD</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DANIEL R. O'DOWD</b>			Director Name		
Street Address <b>SAME AS ABOVE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUJ		
			20		
			0		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation has a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>DANIEL R. O'DOWD</b>				Date <b>9/30/19</b>	
Signature of Authorized Representative <i>Daniel R. O'Dowd</i>				SIGN DOCUMENT HERE	