State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

**FILED** 

Annual Report for the year: 2020

FEB 03 2020

Corporation

Filing period, January

→ Filing period January 1 - March 1

→ Filing Fee \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by April 1.

1 40	0 0 2020	
1	1/ .1	$\triangle$
BY	1(o)	エノン
	$\mathbf{T}$	

Entity ID Number	2 Evactor	a of the Corneration	1			<del></del>	
161432	2. Exact name of the Corporation  CAFETERIA CONCEPTS, INC.						
	TOATETE		•		Y	V	
Principal Office Address			City		State	Zip	
406b MAIN STREET			· WAKEFIELD		RI	02879	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722155	FOOD SERVICE/CAFETERIA						
5. State of Incorporation	┨ ```						
RHODE ISLAND							
	<u></u>			C		anta an attachment 🗖	
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment □    Vice-President Name				
President Name DANIEL R. O'DOWD			DANIEL R. O'DOWD				
Street Address 406B MAIN STREET			Street Address 406B MAIN STREET				
City WAKEFIELD	State RI	Zip <b>02879</b>	City WAKEFIELD	D	State RI	<sup>Zıp</sup> 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	Zıp	City		State	Zip	
8. List ALL directors (names and a	 iddresses)	1		Check th	ne box to indi	cate 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	Zıp	City		State	Zıp	
9. Shares Authorized	1	10. Shares Iss	L ued	Check th	re box to indi	cate an attachment	
This information is currently of reco	ord in the	NUMBER OF		CLASS/SERIES		PAR VALUE	
Department of State. Changes require an additional filing.		1 2			. ()		
			.0		<del></del>	<u> </u>	
11. This report must be executed.	on behalf of the	corporation by an a	uthorized represent	ative If the corners	ation et	nds of a receiver or	
11. This report must be executed trustee, this report must be execu	ted on behalf o	f the corporation by	the receiver or truste	ee.	Z 6 0	Y/	
Under penalty of perjury, I decla	are and affirm	that I have examine	ed this report, inclu	uding any accomp	panying	dules 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 Represer	itative \	SIQU DOG	CLNIENT HERE	T. A	,		
	$\mathcal{D}_{\ell}$		1	Land	<del>\</del> -		

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