RI SOS Filing Number: 202189431790 Date: 2/2/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -2 A 2:47
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
001708549	**Blue Kangaroo Cafe, Inc.**

3. Principal Office Address	City	State	Zip
328 County Road	**Barrington**	**RI**	**02806**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	**Cafe**
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Monique R. Pini Gelsomino	**Steven Gelsomino**
Street Address: **15 Hampden Street**	Street Address: **15 Hampden Street**
City: **Barrington** State: **RI** Zip: **02806**	City: **Barrington** State: **RI** Zip: **02806**
Secretary Name: **Monique R. Pini Gelsomino**	Treasurer Name: **Monique R. Pini Gelsomino**
Street Address: **15 Hampden Street**	Street Address: **15 Hampden Street**
City: **Barrington** State: **RI** Zip: **02806**	City: **Barrington** State: **RI** Zip: **02806**

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
100	**Common**	**$1.00**

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
Monique R. Pini Gelsomino	1-21-21

Signature of Authorized Representative: X [signature] SIGN DOCUMENT HERE

FILED
FEB 02 2021
BY CK 3970

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