



State of Rhode Island

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.

FILED

FEB 03 2021

148600

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1. Entity ID Number 112438		2. Exact name of the Corporation SALVATION CAFE, INC.			
3. Principal Office Address 140 BROADWAY		City NEWPORT		State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment! <input type="checkbox"/>					
President Name SUSAN LAMOND			Vice-President Name SUSAN LAMOND		
Street Address 140 BROADWAY			Street Address 140 BROADWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name SUSAN LAMOND			Treasurer Name SUSAN LAMOND		
Street Address 140 BROADWAY			Street Address 140 BROADWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment! <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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! <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/STOCKS	PAR VALUE
		100		COMMON	NO PAR
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 SUSAN LAMOND, PRESIDENT					Date 1.28.21
Signature of Authorized Representative 					