



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

FILED

Annual Report for the year: **2021**
 Corporation

FEB 10 2021
 BY

- 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 162194		2. Exact name of the Corporation Soul Food, Inc.			
3. Principal Office Address 125 Federal Street			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To engage in the restaurant business, food preparation business, wholesale and retail purchase and sale of food products			
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 Anthony M. Tarro			Vice-President Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Smithfield	State RI	Zip 02828
Secretary Name Anthony M. Tarro			Treasurer Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Smithfield	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony M. Tarro			Director Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Smithfield	State RI	Zip 02828
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	0.01
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 Anthony Tarro				Date 1-29-21	
Signature of Authorized Representative 					

ONLINE DOCUMENT FILING

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov