



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.

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STAMP
 FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 98744		2. Exact name of the Corporation DEV'S CAFE, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN		State RI
			Zip 02865		
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A BAR AND/OR LOUNGE			
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 MICHELE C. DOLINSKI			Vice-President Name		
Street Address 341 CHAPEL STREET			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip 02830
Secretary Name MICHELE C. DOLINSKI			Treasurer Name MICHELE C. DOLINSKI		
Street Address 341 CHAPEL STREET			Street Address 341 CHAPEL STREET		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHELE C. DOLINSKI			Director Name NONE		
Street Address 341 CHAPEL STREET			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
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		
			100	COMMON	NO PAR VALUE
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 MICHELE C. DOLINSKI					Date 2/16/21
Signature of Authorized Representative <i>X Michele C. Dolinski</i> SIGN DOCUMENT HERE					FILED

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

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