



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.

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BUS SVCS DIV
2021 OCT 19 PM 12:33

1. Entity ID Number 001693296		2. Exact name of the Corporation A'FRIQUE D'LOUNGE, INC.			
3. Principal Office Address 145 DEAN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 JEREMIAH A TOLBERT			Vice-President Name LUNA WALKER		
Street Address 153 S. BEND STREET			Street Address 2 NORHTVIEW TERRACE.		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02911
Secretary Name JEREMIAH A TOLBERT			Treasurer Name LUNA WALKER		
Street Address 153 S. BEND STREET			Street Address 2 NORHTVIEW TERRACE		
City PAWTUCKET	State RI	Zip 02911	City PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEREMIAH A TOLBERT			Director Name LUNA WALKER		
Street Address 153 S. BEND STREET			Street Address 2 NORHTVIEW TERRACE		
City PAWTUCKET	State RI	Zip 02911	City PROVIDENCE	State RI	Zip 02911
Director Name N/A			Director Name N/A		
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		PAR VALUE
			0	CWP	0.0100
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 JEREMIAH TOLBERT				Date 10/19/2021	
Signature of Authorized Representative 					

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

FILED
OCT 19 2021
BY BKHK
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FORM 630 - Revised: 06/2020