



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2021 NOV 24 P 2:28

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.

1. Entity ID Number <u>000082891</u>		2. Exact name of the Corporation <u>L.A. Cafe, Inc</u>			
3. Principal Office Address <u>245 Washington St</u>			City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
4. NAICS Code <u>722410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Bar & Restaurant</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name <u>Michael James Kelly</u>			Vice-President Name <u>Alfred Gene Anzevino</u>		
Street Address <u>4 Lafayette PK</u>			Street Address <u>14 Pond St</u>		
City <u>Freetown</u>	State <u>Ma</u>	Zip <u>02717</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>Alfred Gene Anzevino</u>			Treasurer Name <u>Michael James Kelly</u>		
Street Address <u>14 Pond St</u>			Street Address <u>4 Lafayette PK</u>		
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>Freetown</u>	State <u>Ma</u>	Zip <u>02717</u>
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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>1,000</u>	PAR VALUE <u>0.000</u>	
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 <u>Alfred Gene Anzevino</u>				Date <u>11/24/21</u>	
Signature of Authorized Representative 					

FILED

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