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	2. Exact name of the Corporation		
000082891	L.A. Cafe, Inc		
3. Principal Office Address	City	State	Zip
245 Washington St	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722410	Bar & Resturant		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael James Kelly	Alfred Gene Anzevino
Street Address: 4 Lafayette PK	Street Address: 14 Pond St
City: Freetown, State: Ma, Zip: 02717	City: West Warwick, State: RI, Zip: 02893
Secretary Name	**Treasurer Name**
Alfred Gene Anzevino	Michael James Kelly
Street Address: 14 Pond St	Street Address: 4 Lafayette PK
City: West Warwick, State: RI, Zip: 02893	City: Freetown, State: Ma, Zip: 02717

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	1,000	0.000

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	Date
Alfred Gene Anzevino	11/24/21

Signature of Authorized Representative: [signature]

FILED
NOV 24 2021
BY CM E4624
2:31

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

FORM 630 - Revised: 08/2020