RI SOS Filing Number: 202105342030 Date: 11/24/2021 2:30:00 PM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV 24 P 2:28

Annual Report for the year: 2020
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 G Anzevino Jr.		
Street Address			Street Address		
4 Lafayette Park			14 Pond St		
City	State	Zip	City	State	Zip
Freetown	Ma	02717	West Warwick	RI	02893
Secretary Name			**Treasurer Name**		
Alfred G Anzevino JR			Michael James Kelly		
Street Address			Street Address		
14 Pond St			4 Lafayette Park		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Freetown	Ma	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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	1,000	0.0000

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 G. Anzevino	11/24/21

Signature of Authorized Representative: Alfred G. Anzevino

FILED
NOV 24 2021
BY CA EYGVZ
2:30

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