



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

FILED

JAN 30 2023

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BUS SVCS DIV

BY 29333

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- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 148513		2. Exact name of the Corporation UNCLE RONNIE'S FINE CATERING, INC D/B/A UNCLE RONNIE'S	
3. Principal Office Address 2692 VICTORY HIGHWAY		City NASONVILLE	State RI
		Zip 02830	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT SERVING LIQUOR		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RONALD DUMAS		Vice-President Name PAULA DUMAS	
Street Address 2692 VICTORY HIGHWAY		Street Address 2692 VICTORY HIGHWAY	
City NASONVILLE	State RI	City NASONVILLE	State RI
Zip 02830		Zip 02830	
Secretary Name RONALD DUMAS		Treasurer Name PAULA DUMAS	
Street Address 2692 VICTORY HIGHWAY		Street Address 2692 VICTORY HIGHWAY	
City NASONVILLE	State RI	City NASONVILLE	State RI
Zip 02830		Zip 02830	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SAME AS ABOVE		Director Name SAME AS ABOVE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES NO PAR
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 PAULA DUMAS		Date 1/25/23	
Signature of Authorized Representative <i>Paula Dumas</i>			

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