



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

FILED

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

JAN 30 2023  
BY 29333  
OS

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RONALD DUMAS			Vice-President Name PAULA DUMAS		
Street Address 2692 VICTORY HIGHWAY			Street Address 2692 VICTORY HIGHWAY		
City NASONVILLE	State RI	Zip 02830	City NASONVILLE	State RI	Zip 02830
Secretary Name RONALD DUMAS			Treasurer Name PAULA DUMAS		
Street Address 2692 VICTORY HIGHWAY			Street Address 2692 VICTORY HIGHWAY		
City NASONVILLE	State RI	Zip 02830	City NASONVILLE	State RI	Zip 02830
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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. <b>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.</b>					
Name of Authorized Representative PAULA DUMAS				Date 1/25/23	
Signature of Authorized Representative <i>Paula Dumas</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov