	Annual	
•	Corpora → Filing → Filing → Pena	(
	1. Entity I	
	3. Princip 341 4. NAICS	
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	5. State o	
	7. List AL President I Conth Street Add	
	Street Add 341 City	
	· HO	

State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the	уеаг:
Corpora	ation		

2023

g period: February 1 - May 1

g Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number 2. Exact name of the Corporation ,							
98744	De	VS C	afe	INC.			
Principal Office Address	\overline{C}	١.	City	· 1.	State	Zip	
341 (hapt)	74	! '1	HAR 155		RI	594 3 0	
4. NAICS Code 727410		on of the character しいべん	of business co	onducted in Rhode Isla	and		
5. State of Incorporation		•					
7. List ALL officers (names and add	resses)			Check th	e box to indic	ate an attachment 🔲	
President Name			Vice-President Name				
SCOTT DOLINSKI							
Street Address 341 Chaple 15+			Street Address				
CITY HONVISVINE	State	Zip のよみる	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	dresses)	•	<u> </u>	Check th	e box to indic	ate an attachment	
Director Name	-		Director Name		•		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	•	-1	Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check th	e box to indic	ate an attachment	
This information is currently of recor	d in the	NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE	
Department of State.	1.14.1	1:66	$(\cap \ \)$	C_{V}		$\alpha \alpha \alpha$	
Changes require an additional filing.		100	, O	CIVIT		U. U U	
11. This report must be executed or	n behalf of the cor	poration by an auti	horized represe	entative. If the comora	ation is in the	hands of a receiver or	
trustee, this report must be execute		•	•	•			
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							
3:28.23							
Signature of Authorized Representative FILED							
HAD B Q 2022							
MAR 2 8 2023							

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ML 100 14