



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

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BUS SVCS DIV

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1. Entity ID Number <u>000096425</u>		2. Exact name of the Corporation <u>Bluebird Cafe Inc</u>			
3. Principal Office Address <u>17 Nichols Rd</u>			City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>The General restaurant and Virtualing business</u>			
5. State of Incorporation <u>RS</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Robert B. Shumaker</u>			Vice-President Name <u>Ruth E Anderson</u>		
Street Address <u>17 Nichols Rd</u>			Street Address <u>17 Nichols Rd</u>		
City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>	City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>
Secretary Name <u>Ruth E. Anderson</u>			Treasurer Name <u>Robert B. Shumaker</u>		
Street Address <u>17 Nichols Rd</u>			Street Address <u>17 Nichols Rd</u>		
City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>	City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Robert B. Shumaker</u>			Director Name <u>Ruth E. Anderson</u>		
Street Address <u>17 Nichols Rd</u>			Street Address <u>17 Nichols Rd</u>		
City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>	City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>
Director Name <u>Emmett P. Shumaker</u>			Director Name		
Street Address <u>500 Old North Rd</u>			Street Address		
City <u>Kingston</u>	State <u>RS</u>	Zip <u>02881</u>	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>0</u>		<u>0</u>
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 <u>Robert B. Shumaker</u>				Date <u>4/21/2023</u>	
Signature of Authorized Representative <u>RB</u>					

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

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