



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 26 PM 1:31

- 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 000096425		2. Exact name of the Corporation Bluebird Cafe Inc.			
3. Principal Office Address 17 Nichols Rd		City Kingston		State RS	Zip 02881
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island The general restaurant and Vietnamese Business			
5. State of Incorporation RS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert B. Shumaker			Vice-President Name Ruth E. Anderson		
Street Address 17 Nichols Rd			Street Address 17 Nichols Rd		
City Kingston	State RS	Zip 02881	City Kingston	State RS	Zip 02881
Secretary Name Ruth E. Anderson			Treasurer Name Robert B. Shumaker		
Street Address 17 Nichols Rd			Street Address 17 Nichols Rd		
City Kingston	State RS	Zip 02881	City Kingston	State RS	Zip 02881
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert B. Shumaker			Director Name Ruth E. Anderson		
Street Address 17 Nichols Rd			Street Address 17 Nichols Rd		
City Kingston	State RS	Zip 02881	City Kingston	State RS	Zip 02881
Director Name Ermest P. Shumaker			Director Name		
Street Address 506 Old North Rd			Street Address		
City Kingston	State RS	Zip 02881	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		
			0		0
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 Robert B. Shumaker					Date 4/21/2023
Signature of Authorized Representative [Signature] FILED					

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

APR 26 2023
 BY **[Signature]**
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