RI SOS Filing Number: 202334809470 Date: 4/28/2023 4:00:00 PM

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.

STAMP
FILED
APR 28 2023
BY

1. Entity ID Number	2. Exact name of the Corporation		
85746	Cafe Central, Ltd		
3. Principal Office Address	City	State	Zip
173 Bradford Street	Bristol	RI	02809
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: Maintain, operate, sell and otherwise dispose of restaurants, taverns, cafes, bars, and/or cocktail lounges; Title: 7-1.1-51		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Fernando Afonso			Vice-President Name: Theresa Afonso		
Street Address: 14 Prospect Street			Street Address: 14 Prospect Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Joshua Afonso			Director Name		
Street Address: 14 Prospect Street			Street Address		
City: Bristol	State: RI	Zip: 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	Issued - 1,000	Common	No Par
	Auth'd - 2,000		No Par Value

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	Date
Fernando Afonso	4-24-23

Signature of Authorized Representative: Fernando Afonso

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

FORM 630 - Revised: 2/2023