



State of Rhode Island  
Department of State - Business Services Division

FEB 14 2024

Annual Report for the year: 2024  
Corporation

1320-2

- 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 000161432		2. Exact name of the Corporation CAFETERIA CONCEPTS INC.			
3. Principal Office Address 25 KENWOOD AVENUE			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 722155		6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE/CAFETERIA			
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 DANIEL O'DOWD			Vice-President Name DANIEL O'DOWD		
Street Address 25 KENWOOD AVE.			Street Address 25 KENWOOD AVE.		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
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	PAR VALUE
		20	COMMON	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.					
<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 DANIEL O'DOWD					Date 12-9-24
Signature of Authorized Representative 					

MAIL TO:  
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