



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RIDOS BSD
24 APR 17 PM 2:23:43

1. Entity ID Number 001708549		2. Exact name of the Corporation Blue Kangaroo Café, Inc.			
3. Principal Office Address 328 County Road		City Barrington		State RI	Zip 02806
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island Café			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Monique R. Pini Gelsomino			Vice-President Name Steven Gelsomino		
Street Address 15 Hampden St			Street Address 15 Hampden St		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Monique R. Pini Gelsomino			Treasurer Name Moniqu R Pini Gelsomino		
Street Address 15 Hampden St			Street Address 15 Hampden St		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
Changes require an additional filing.		100	Common	1	
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 Monique R. Pini Gelsomino				Date	
Signature of Authorized Representative				FILED	
				APR 17 2024	
				BY 47862	

MAIL TO:
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