



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAY 02 2024

BY

| | | | | | |
|--|--------------------|--|---|--------------------|------------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DANIEL R. O'DOWD | | | Vice-President Name DANIEL R. O'DOWD | | |
| Street Address 25 KENWOOD AVENUE | | | Street Address 25 KENWOOD AVENUE | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Secretary Name DANIEL R. O'DOWD | | | Treasurer Name DANIEL R. O'DOWD | | |
| Street Address SAME AS ABOVE | | | Street Address SAME AS ABOVE | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 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 | | | 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 | | |
| | | | | | |
| | | | | | |
| 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 DANIEL R. O'DOWD | | | | | Date 4/24/24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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