



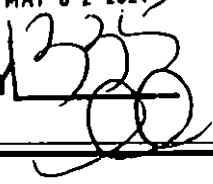
State of Rhode Island
Department of State - Business Services Division

FILED


Annual Report for the year: 2024

MAY 02 2024

Corporation _____

BY 

- 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) 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	
		20		COMMON	
				PAR VALUE	
				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 DANIEL R. O'DOWD				Date 4/24/24	
Signature of Authorized Representative 					

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