



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000688830</b>		2. Exact name of the Corporation <b>CAFE' GIANNA'S, INC</b>			
3. Principal office address <b>C/O DAVID THOMAS 70 LUEBA ROAD</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>401-226-1790</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>					
<b>7. LIST ALL OFFICERS (NAME AND ADDRESS) (CHECK BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>DAVID THOMAS</b>			Vice-President Name		
Street Address <b>70 LUEBA ROAD</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b> <input type="checkbox"/>					
<b>10. SHARES ISSUED (CHECK BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.					

2014 FEB 19 AM 10:47  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**FEB 19 2014**

By **49-217670**

**A. A. 10:47 A.M.**

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.

*David Thomas*  
 Signature of Authorized Representative 2/14/14  
Date

**DAVID THOMAS**  
 Print or Type Name of Authorized Representative