

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004682

Entity Name: CAFE RIO, INC.

Current Principal Place of Business:

215 N ADMIRAL BYRD ROAD, SUITE 100
SALT LAKE CITY, UT 84116

Current Mailing Address:

215 N ADMIRAL BYRD ROAD, SUITE 100
SALT LAKE CITY, UT 84116 US

FEI Number: 84-1417768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name RALPH, JON
Address 215 N ADMIRAL BYRD ROAD, SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

Title DIRECTOR
Name DEITCHLE, GERALD W
Address 104 FIELD POINT ROAD
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name JOHNSON, CHRIS
Address 215 N. ADMIRAL BYRD ROAD SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

Title CEO
Name VAUGHAN, STEVE
Address 215 N ADMIRAL BYRD ROAD, SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

Title CHAIRMAN OF THE BOARD
Name GAGNON, DAVE
Address 215 N ADMIRAL BYRD ROAD, SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

Title SECRETARY
Name HORTIN, DARREN
Address 215 N ADMIRAL BYRD ROAD, SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

Title DIRECTOR
Name BELATTI, FRANK
Address 215 N. ADMIRAL BYRD ROAD SUITE 100
City-State-Zip: SALT LAKE CITY UT 84116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE VAUGHAN

CEO

01/14/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date