



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 2016

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. 849411		2. Exact name of the Corporation 424 Smith Street, Inc.			
3. Principal office address 424 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. 401-275-5840		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT AND TO ENGAGE IN ANY LAWFUL BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David A. Giardino			Vice-President Name None		
Street Address 434 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name David A. Giardino			Treasurer Name David A. Giardino		
Street Address 434 Smith Street			Street Address 434 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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 ("X" BOX FOR ATTACHMENT) <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	\$.01

FILED

FEB 12 2016

File Date _____
 Check No. OK 3305
 By: _____

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.

Signature of Authorized Representative _____ Date 02/01/16
David A. Giardino
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY