



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT AND TO ENGAGE IN ANY LAWFUL BUSINESS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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
		100		common	\$0.01
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. <i>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.</i>					
Name of Authorized Representative David A. Giardino				Date 2/14/17	
Signature of Authorized Representative SIGN DOCUMENT HERE 					

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

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