RI SOS Filing Number: 202335459250 Date: 5/9/2023 12:27:00 PM

State of Rhode Island			• • •		_		
Department of Sta	te - Busines:	s Services Di	ivision				
Annual Report for the year: 2023							
Corporation 2023			-		چ	A DEPT OF STATE	
→ Filing period: February 1 - N				OF OF CO			
→ Filing Fee: \$50.00				7073	SYDS BLATE		
→ Penalty: Additional \$25.00 fe						HAY	
1. Entity ID Number 000228972	e if form is not filed by May 31. 2. Exact name of the Corporation Applebee's Restaurants Inc.						
3. Principal Office Address 10 W Walnut St, 5th Floor			City Pasaden	2	State CA	Z _{IP} 91103	
4. NAICS Code 6. Brief description of the character of						191103	
551112							
State of Incorporation	Holding Company						
KS							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Tony Moralejo			Vice-President Name Scott R. Gladstone				
Street Address 10 W Walnut St, 5th Floor			Street Address 10 W Walnut St, 5th Floor				
^{City} Pasadena	State CA	^{Zip} 91103	^{City} Pasade		State CA	Z ^{ip} 91103	
Secretary Name Christine K. Son			Treasurer Name Nishat Grover				
Street Address 10 W Walnut St, 5th Floor			Street Address 10 W Walnut St, 5th Floor				
^{City} Pasadena	State CA	^{Zip} 91103	^{City} Pasade		State CA	<u>t</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachm Director Name Director Name						ndicate an attachment	
John W. Peyton			Director Name Vance Y. Chang				
Street Address 10 W Walnut St, 5th Floor			Street Address 10 W Walnut St, 5th Floor				
	State CA	^{Zip} 91103	^{City} Pasad	ena	State C	A Zip 91103	
Director Name Christine K. Son			Director Name Mia Jung				
Street Address 10 W Walnut St, 5th Floor			Street Address 10 W Walnut St, 5th Floor				
^{City} Pasadena	State CA	^{Z_{ip}} 91103	City Pasac	Pasadena State CA Zip		A Zip 91103	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued NUMBER OF SHARES			Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
		1000		CWP		0.0100	
Changes require an additional filing.				-			
11. This report must be executed or					oration is in t	the hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	corporation by th	e receiver or tr	rustee. Including any accor	mnanvina si	chadulas and	
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					Date	1000	
Mia Jung 4/26/2023						.023	
Signature of Authorized Representative FILED							
MAY 0 9 2023							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 MAY 0.9 2023 BY MC CQ MSV							

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021