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tate of Rhode Island

epartment of State - Business Services Division

Report for the year: 2022 tion

period: February 1 - May 1

Fee: \$50.00

ty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name	2. Exact name of the Corporation						
000228972	Applebe	Applebee's Restaurants Inc.						
3. Principal Office Address		7.4.	City		State	Zip		
450 North Brand Blvd, 7th Floor			Glendale	•	CA	91203		
4. NAICS Code	6. Brief descri	ption of the charact	er of business conducted in Rhode Island					
722511								
5. State of Incorporation		Contingent lease liability (sale lease-back transaction as part of 2007						
KS	Applebee	's securitizatio	n)					
7. List ALL officers (names and	d addresses)	·		Che	ck the box to ind	icate an attachment 🗹		
President Name John C. Cy		· ·	Vice-Presider	. 1. 5.1				
Street Address	-	<u></u>	Street Address					
450 North B	rand Blvd, 7th		Street Address 450 North Brand Blvd, 7th Floor					
^{City} Glendale	State CA	^{Zip} 91203	City Glenda		State CA	^{Zip} 91203		
Secretary Name Christine K. Son			Treasurer Name Nishat Grover					
Street Address 450 North Brand Blvd, 7th Floor			Street Address 450 North Brand Blvd, 7th Floor					
^{City} Glendale	State CA	^{Zip} 91203	City Glend	ale	State CA	^{Zip} 91203		
8. List ALL directors (names a	nd addresses)			Che	ck the box to ind	licate an attachment 🔲		
Director Name John W. Peyton			Director Name Vance Y. Chang					
	450 North Brand Blvd, 7th Floor			Street Address 450 North Brand Blvd, 7th Floor				
^{City} Glendale	State CA	^{Zip} 91203	City Glendale		State CA Zip 91203			
Director Name Christine K. Son			Director Name					
Street Address 450 North B	rand Blvd, 7th	Floor	Street Addres	s				
^{City} Glendale	State CA	^{Zip} 91203	City		State	Zip		
9. Shares Authorized:			10: Shares Issued		(Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
This information is currently of record in the Department of State. Changes require an additional filling.			NUMBER OF SHARES					
		1000	·	CVP		0.0100		
	iii.a.			1				
11. This report must be execut					poration is in the	hands of a receiver or		
trustee, this report must be ex-	ecuted on behalf of t	the corporation by t	the receiver or t	rustee.				
Under penalty of perjury, I destatements, and that all state	eciare and anirm u ements contained i	rat i nave examine horein are frue an	ea τηις report, ι d correct.	including any acc	ompanying scn	equies and		
Name of Authorized Represen	tative				Date			
Mia Jung					12/14/2	022		
Signature of Authorized Repre	sentative			FILED				
Mia Jung				MAY A 0 2022				
MAIL TO:			- (c	MAY 0 9 2023	V VVC	$\sqrt{}$		
Division of Business Services 148 W. River Street, Providence, R	thode Island 02904-26	15	26 BY	mr (CM2,	А		
Phone: (401) 222-3040	OEOOY'EO	Ϋ́ν			-	2M 620 - Pavisad: 11/2021		

Phone: (401) 222-3040 Website: www.sos.n.gov FORM 630 - Revised: 11/2021