



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 2013

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. 6942.66		2. Exact name of the Corporation The Original Gentleman Farmer Restaurant, Inc.			
3. Principal office address 2405 Nooseneck Hill Road		City Coventry	State RI	Zip 02816	
4. Business Phone No. 821-3300		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To conduct business of a restaurant.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edwin Ogrodnik			Vice-President Name Metaxia Zarokostas		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Scott Chase			Treasurer Name Edwin Ogrodnik		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edwin Ogrodnik			Director Name Metaxia Zarokostas		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Scott Chase			Director Name		
Street Address 2405 Nooseneck Hill Road			Street Address		
City Coventry	State RI	Zip 02816	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	No par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY

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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

Edwin Ogrodnik

Print or Type Name of Authorized Representative