



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 **2014**

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. 37446		2. Exact name of the Corporation HAVEN BROS. DINER, INC.			
3. Principal office address 72 Spruce Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 861-7777		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Ownership and management of real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Saverio B. Giusti			Vice-President Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 35 Abbott Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name David Giusti			Treasurer Name Saverio B. Giusti		
Street Address 109 Hines Farm Road			Street Address 109 Hines Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Saverio B. Giusti			Director Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 35 Abbott Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
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	No Par

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

JAN 28 2014

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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.

Saverio B. Giusti 1/26/14
 Signature of Authorized Representative Date

Saverio B. Giusti

Print or Type Name of Authorized Representative