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 2016

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.	2. Exact name of the Corporation
37446	**HAVEN BROS. DINER, INC.**

3. Principal office address	City	State	Zip
72 Spruce Street	**Providence**	**RI**	**02903**

4. Business Phone No.	5. State of Incorporation
(401) 861-7777	**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) ☐

President Name	Vice-President Name
Saverio B. Giusti	**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) ☐

Director Name	Director Name
Saverio B. Giusti	**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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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.

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.

/s/ Saverio Giusti 12/23/15
Signature of Authorized Representative — Date

Saverio B. Giusti
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 06 2015
BY DS 6014

Form No. 630
Revised: 01/2012