RI SOS Filing Number: 201627529350 Date: 11/22/2016 1:57 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
2016 NOV 22 PM 1:53
R.I. DEPT. OF STATE
BUSINESS DIV.

1. Entity ID Number	2. Exact name of the Corporation		
849398	CORNER BISTRO INC		
3. Principal Office Address	City	State	Zip
1115 HARTFORD PIKE	SCITUATE	RI	02857
4. Business Phone Number	5. State of Incorporation		
401 764 0860	R.I.		

6. Brief description of the character of business conducted in Rhode Island
FULL SERVICE RESTAURANT

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KAREN MARCELLO	ROBERT GAUDIANA
Street Address: 84 DARK LANTERN HILL RD	Street Address: 84 DARK LANTERN HILL RD
City: DANIELSON, State: CT, Zip: 06239	City: DANIELSON, State: CT, Zip: 06239
Secretary Name	Treasurer Name
Street Address: NONE	Street Address: NONE
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address: NONE	Street Address: NONE
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	common	0
50	common	0

11. 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.

Name of Authorized Representative: KAREN MARCELLO
Date:

Signature of Authorized Representative: Karen Marcello SIGN DOCUMENT HERE

FILED
NOV 22 2016 1:57
By 289168

MAIL TO:
~~Division of Business Services~~
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
145352-2-1153344

FORM 630 - Revised: 05/2016