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 2017

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.**

RECEIVED
2016 DEC -1 PM 2:
R.I. SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation		
000103784	J & T's Grill, Inc.		
3. Principal office address: 98 GEORGE WATERMAN ROAD	City: JOHNSTON	State: RI	Zip: 02919
4. Business Phone No.: 1-401-233-9665	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: FOOD SERVICE			

President Name: JOHN STAMATELOPOULOS			Vice-President Name: JOHN STAMATELOPOULOS		
Street Address: 39 SERREL SWEET ROAD			Street Address: 39 SERREL SWEET ROAD		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: JOHN STAMATELOPOULOS			Treasurer Name: JOHN STAMATELOPOULOS		
Street Address: 39 SERREL SWEET ROAD			Street Address: 39 SERREL SWEET ROAD		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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		0

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.

[redacted]

FILED
DEC 01 2016

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

JOHN STAMATELOPOULOS
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

By: 289833
2:20