



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.

1. Entity ID Number 524200		2. Exact name of the Corporation Mainland Narragansett, RI, Inc.	
3. Principal Office Address 30 Lakeview Drive		City Narragansett	State RI
		Zip 02882	
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island Food service and other lawful business		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David J. Baptista		Vice-President Name Kathleen M. Baptista	
Street Address 30 Lakeview Drive		Street Address 30 Lakeview Drive	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
Secretary Name Kathleen M. Baptista		Treasurer Name David J. Baptista	
Street Address 30 Lakeview Drive		Street Address 30 Lakeview Drive	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David J. Baptista		Director Name	
Street Address 30 Lakeview Drive		Street Address	
City Narragansett	State RI	City	State
Zip 02882		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		50	Common
			\$1.00 par value
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 David J. Baptista, President		Date 1/19/17	
Signature of Authorized Representative <i>David J. Baptista</i>			

FILED**JAN 23 2017****BY****114 DS**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov