



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

**Annual Report for the year:**  
**Corporation**

2017

**FILED**

JAN 25 2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

1724

1. Entity ID Number 969417		2. Exact name of the Corporation T&N Restaurant, Inc.			
3. Principal Office Address 1177 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Demontereza S. Salay			Vice-President Name Heak S. Ou		
Street Address 1177 Elmwood Avenue			Street Address 1177 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Nero Keo			Treasurer Name		
Street Address 19 Columbus Avenue			Street Address		
City Lowell	State MA	Zip 01851	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		Common		No 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 Demontereza S. Salay				Date 1/20/17	
Signature of Authorized Representative "1" [Signature]				SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 10/2016