



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<br><b>1063594</b>                                                                                                                                                                                                             |                                                                                                  | 2. Exact name of the Corporation<br><b>Drasco Corp.</b> |                                             |                    |                        |
| 3. Principal Office Address<br><b>1375 Warwick Avenue</b>                                                                                                                                                                                         |                                                                                                  | City<br><b>Warwick</b>                                  |                                             | State<br><b>RI</b> | Zip<br><b>02888</b>    |
| 4. NAICS Code<br><b>72 - Accommodation and Fo</b>                                                                                                                                                                                                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant</b> |                                                         |                                             |                    |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                  |                                                                                                  |                                                         |                                             |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                                                                                                  |                                                         |                                             |                    |                        |
| President Name<br><b>Sodin Men</b>                                                                                                                                                                                                                |                                                                                                  |                                                         | Vice-President Name                         |                    |                        |
| Street Address<br><b>336 Bald Hill Road</b>                                                                                                                                                                                                       |                                                                                                  |                                                         | Street Address                              |                    |                        |
| City<br><b>Warwick</b>                                                                                                                                                                                                                            | State<br><b>RI</b>                                                                               | Zip<br><b>02886</b>                                     | City                                        | State              | Zip                    |
| Secretary Name<br><b>Sodin Men</b>                                                                                                                                                                                                                |                                                                                                  |                                                         | Treasurer Name<br><b>Sodin Men</b>          |                    |                        |
| Street Address<br><b>336 Bald Hill Road</b>                                                                                                                                                                                                       |                                                                                                  |                                                         | Street Address<br><b>336 Bald Hill Road</b> |                    |                        |
| City<br><b>Warwick</b>                                                                                                                                                                                                                            | State<br><b>RI</b>                                                                               | Zip<br><b>02886</b>                                     | City<br><b>Warwick</b>                      | State<br><b>RI</b> | Zip<br><b>02886</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                                                                                                  |                                                         |                                             |                    |                        |
| Director Name<br><b>Sodin Men</b>                                                                                                                                                                                                                 |                                                                                                  |                                                         | Director Name                               |                    |                        |
| Street Address<br><b>336 Bald Hill Road</b>                                                                                                                                                                                                       |                                                                                                  |                                                         | Street Address                              |                    |                        |
| City<br><b>Warwick</b>                                                                                                                                                                                                                            | State<br><b>RI</b>                                                                               | Zip<br><b>02886</b>                                     | 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          |                        |
| <b>1000</b>                                                                                                                                                                                                                                       |                                                                                                  |                                                         |                                             | <b>0</b>           |                        |
| 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. |                                                                                                  |                                                         |                                             |                    |                        |
| <b>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.</b>                                       |                                                                                                  |                                                         |                                             |                    |                        |
| Name of Authorized Representative<br><b>Sodin Men</b>                                                                                                                                                                                             |                                                                                                  |                                                         |                                             |                    | Date<br><b>1/22/17</b> |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |                                                                                                  |                                                         |                                             |                    |                        |

MAIL TO:  
Division of Business Services  
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**FILED**

**FEB 06 2017**

FORM 630 - Revised: 10/2016

BY 11651