**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.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 17198 | Pergom, Inc. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 680 Reservoir Avenue | Cranston | RI | 02910 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-785-253 | Rhode Island |

6. Brief description of the character of business conducted in Rhode Island
Being an area franchisee for Walt's Roast Beef.

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| Raymond D. Perrotta | Glen Miguel |
| Street Address: 680 Reservoir Avenue | Street Address: 8 Oxpull Road |
| City: Cranston, State: RI, Zip: 02910 | City: Carolina, State: RI, Zip: 02812 |
| Secretary Name: Raymond D. Perrotta | Treasurer Name: Glen Miguel |
| Street Address: 680 Reservoir Avenue | Street Address: 8 Oxpull Road |
| City: Cranston, State: RI, Zip: 02910 | City: Carolina, State: RI, Zip: 02812 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| Raymond D. Perrotta | Glen Miguel |
| Street Address: 680 Reservoir Avenue | Street Address: 8 Oxpull Road |
| City: Cranston, State: RI, Zip: 02910 | City: Carolina, State: RI, Zip: 02812 |
| Director Name | Director Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 200 | COMMON | NONE |
| | | |

*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.*

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

FILED
FEB 2 1 2017
BY 324

**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 2/6/17

**Raymond D. Perrotta, President**
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012