



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 17992		2. Exact name of the Corporation The Wiener Man, Inc.												
3. Principal Office Address 1012 Reservoir Avenue			City Cranston	State RI	Zip 02910									
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Operate Restaurant												
5. State of Incorporation Rhode Island		(401)944-8867												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Gregory Stevens			Vice-President Name Staphanie Turni											
Street Address 4 Apple Blossom Drive			Street Address 136 Greening Lane											
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920									
Secretary Name Staphanie Turni			Treasurer Name Gregory Stevens											
Street Address 136 Greening Lane			Street Address 4 Apple Blossom Drive											
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
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 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
0		0												
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 Gregory Stevens				Date 2-2-17										
Signature of Authorized Representative 				FILED										
				FEB 23 2017										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

FORM 830 - Revised: 10/2016