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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for	the	vear:
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2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of	the Corporation						**************
694266	2. Exact name of the Corporation The Original Gentleman Farmer Restaurant, Inc.							
3. Principal Of¿ce Address	The Origi	inal Gentl		mer Restaur				
· -			City		State		Zip	
2405 Nooseneck H			Coven		RI		0283	16
4. NAICS Code	Brief description	on of the character	of business co	nducted in Rhode Isla	and		<u> </u>	The second of th
72	To conduc	To conduct business of a restaurant						
5. State of Incorporation								
RI								
7. List ALL of¿cers (names and add	resses)	 		Check th	e box to inc	dicate a	n attach	ment [
President Name			Vice-President					
Metaxia Zarokostas			Scott	Chase				
Street Address 2405 Nooseneck Hi	11 Poad		Street Address	Noogone-1- W	11			
City	State	Zip	City	Nooseneck H	State		Zip	
Coventry .	RI	02816	Covent	ry	RI		∠ip 0281	16
Secretary Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Treasurer Name				<u> </u>	
Scott Chase			Metaxi	a Zarokostas	3			
Street Address	11		Street Address			_		
2405 Nooneneck Hi	II Road State	Tzin		Nooseneck Hi		ad		
Coventry	RI	^{Zip} 02816	Coven	try	State RI		^{Zip} 0281	16
8. List ALL directors (names and ad	ldresses)	ŧ	<u> </u>	Check th	t ne box to inc	dicate a	n attach	nment [
Director Name			Director Name					
Metaxia Zarokosta	s		Scott					
Street Address	• • • •		Street Address					
2405 Nooneneck H.		17:		Nooseneck Hi		ıd		
Coventry	State RI	Zip 02816	City	n+rv	State		Zip 0281	6
Director Name	1/ 1/ 1	02010	Director Name	ILCT A	RI		0201	LO
Street Address			Street Address					
City	State	Zin	City		lou.		1-5:	
y ∨n y	Otate	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issue	ed	Check t	ne box to in	dicate a	n attach	ment
This information is currently of recor	d in the	NUMBER OF S		CLASS/SERIES		J.5010 E	PAR VALUE	
Department of State. 1000		100		Common	-	Ma	nar	waluo
Changes require an additional ¿ling.		100		COMMOT		MO	Par	value
a.		<u> </u>						
11. This report must be executed o	n behalf of the cor	poration by an au	thorized repres	entative. If the corpor	ation is in th	ne hand	s of a re	eceiver or
trustee, this report must be execute	ed on behalf of the	corporation by the	e receiver or tra	ustee				The state of the s
Under penalty of perjury, I declar statements, and that all statemer	e and arzim that its contained he	i nave examined	i inis report, ir	ncluding any accomp	panying sc	hedule	s and	
Name of Authorized Representative	e	com are true and	COTTECT.		Date			
Metaxia Zarokostas				2-10-2017				
Signature of Authorized Represent		····				<i>ι</i>	~~	' /
M/ Asy		SIGN DOCU	IMENT HE	RF				
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MAIL TO:				Cilch				درد برحنها المحمود

Division of Business Services

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

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FORM 630 - Revised: 10/2018