



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

Annual Report for the year:

Corporation

2017

→ 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 <b>694266</b>		2. Exact name of the Corporation <b>The Original Gentleman Farmer Restaurant, Inc.</b>			
3. Principal Office Address <b>2405 Nooseneck Hill Road</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>72</b>		6. Brief description of the character of business conducted in Rhode Island <b>To conduct business of a restaurant</b>			
5. State of Incorporation <b>RI</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 <b>Metaxia Zarokostas</b>			Vice-President Name <b>Scott Chase</b>		
Street Address <b>2405 Nooseneck Hill Road</b>			Street Address <b>2405 Nooseneck Hill Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Scott Chase</b>			Treasurer Name <b>Metaxia Zarokostas</b>		
Street Address <b>2405 Nooseneck Hill Road</b>			Street Address <b>2405 Nooseneck Hill Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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 <b>Metaxia Zarokostas</b>			Director Name <b>Scott Chase</b>		
Street Address <b>2405 Nooseneck Hill Road</b>			Street Address <b>2405 Nooseneck Hill Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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. <b>1000</b> Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No par value</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. 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 <b>Metaxia Zarokostas</b>				Date <b>2-10-2017</b>	
Signature of Authorized Representative 				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

**FILED**

**FEB 27 2017**

BY

**0229305**

FORM 630 - Revised: 10/2010