



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 <b>96320</b>		2. Exact name of the Corporation <b>Eggs Up Family Restaurant, Inc.</b>												
3. Principal Office Address <b>2378 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
4. NAICS Code <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>The operation of a restaurant and any other lawful purpose</b>												
5. State of Incorporation <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 <b>Kerry Easterbrooks</b>			Vice-President Name <b>Adam Easterbrooks</b>											
Street Address <b>4 Blacksmith Road</b>			Street Address <b>4 Blacksmith Road</b>											
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
Secretary Name <b>Kerry Easterbrooks</b>			Treasurer Name <b>Adam Easterbrooks</b>											
Street Address <b>4 Blacksmith Road</b>			Street Address <b>4 Blacksmith Road</b>											
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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			Director Name											
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		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.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>600</b></td> <td><b>Common</b></td> <td><b>No par value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>600</b>	<b>Common</b>	<b>No par value</b>			
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<b>600</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.														
<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 <b>Kerry Easterbrooks</b>					Date <b>2-18-17</b>									
Signature of Authorized Representative <i>[Handwritten Signature]</i>					<b>02/16/17</b>									

## 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 337 DS

FORM 630 - Revised: 02/2017