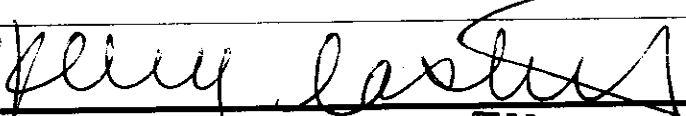




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 96320		2. Exact name of the Corporation Eggs Up Family Restaurant, Inc.			
3. Principal Office Address 2378 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island The operation of a restaurant and any other lawful purpose			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kerry Easterbrooks			Vice-President Name Adam Easterbrooks		
Street Address 4 Blacksmith Road			Street Address 4 Blacksmith Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Kerry Easterbrooks			Treasurer Name Adam Easterbrooks		
Street Address 4 Blacksmith Road			Street Address 4 Blacksmith Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		Common	No par value
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 Kerry Easterbrooks					Date 2-18-17
Signature of Authorized Representative 					02/16/17

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

FORM 630 - Revised: 02/2017

BY 337 OS