



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 865319		2. Exact name of the Corporation Byrne Enterprises, Inc.			
3. Principal Office Address 90 Crosswynds Drive			City Narragansett	State RI	Zip 02874
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Operation of a pizza restaurant			
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 William H. Byrne			Vice-President Name Linda M. Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name William H. Byrne			Treasurer Name Linda M. Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William H. Byrne			Director Name Linda M. Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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		
			100		
			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 William H. Byrne					Date 2/22/17 , 2017
Signature of Authorized Representative <i>William H. Byrne</i>					
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

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