



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 72915		2. Exact name of the Corporation STADIUM FISH & CHIP, INC.			
3. Principal Office Address 1079 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 72 - Accommodation and Fo <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island BUSINESS OF PREPARATION AND SELLING OF FOOD			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY S. WOOD			Vice-President Name MONIQUE L. WOOD		
Street Address 231 WEST GREENVILLE ROAD			Street Address 231 WEST GREENVILLE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name MONIQUE L. WOOD			Treasurer Name GARY S. WOOD		
Street Address 231 WEST GREENVILLE ROAD			Street Address 231 WEST GREENVILLE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
		500		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 GARY S. WOOD, PRESIDENT				Date 2-25-17	
Signature of Authorized Representative <i>Gary S. Wood</i> MAR 06 2017 SIGN DOCUMENT HERE <i>President</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov