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	2. Exact name of the Corporation		
487657	**241 Main Street, Incorporated**		
3. Principal Office Address	City	State	Zip
254 Old Forge Road	**Warwick**	**RI**	**02818**
4. NAICS Code: 91	6. Brief description of the character of business conducted in Rhode Island: **Restaurant**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Scott Parker					
Street Address: **254 Old Forge Road**			Street Address		
City: **Warwick**	State: **RI**	Zip: **02818**	City	State	Zip
Secretary Name: **Scott Parker**			Treasurer Name: **Scott Parker**		
Street Address: **254 Old Forge Road**			Street Address: **254 Old Forge Road**		
City: **Warwick**	State: **RI**	Zip: **02818**	City: **Warwick**	State: **RI**	Zip: **02818**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
None					
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	**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	Date
Scott Parker	February 24 , **2017**
Signature of Authorized Representative	

FILED
MAR 13 2017
BY

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

FORM 630 - Revised: 02/2017