



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1336483		2. Exact name of the Corporation 1900 Raining Fish, Inc.			
3. Principal office address 93 Manton Avenue			City Providence	State RI	Zip 02909
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operation of a Restaurant					
President Name Michael Sears			Vice-President Name		
Street Address 93 Manton Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Michael Sears			Treasurer Name Michael Sears		
Street Address 93 Manton Avenue			Street Address 93 Manton Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Michael Sears			Director Name		
Street Address 93 Manton Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

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.

Signature of Authorized Representative

Date

Michael Sears

Print or Type Name of Authorized Representative

FILED

MAR 17 2017