



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 <b>642161</b>		2. Exact name of the Corporation <b>334 SOUTH WATER STREET, INC.</b>		
3. Principal Office Address <b>242 Meeting Street, LL</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. Business Phone Number <b>401-454-4151</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Andrew Mitrelis</b>		Vice-President Name		
Street Address <b>120 Church Hill Drive</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State
Secretary Name <b>Andrew Mitrelis</b>		Treasurer Name <b>Andrew Mitrelis</b>		
Street Address <b>120 Church Hill Drive</b>		Street Address <b>120 Church Hill Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>\$.01</b>
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. <i>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.</i>				
Name of Authorized Representative <b>Andrew Mitrelis</b>			Date <b>JAN 25 2017</b>	
Signature of Authorized Representative <i>Andrew Mitrelis</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

**FILED**  
**APR 03 2017**  
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