



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 90327		2. Exact name of the Corporation S & D Resturant Inc.			
3. Principal Office Address 76 South Main ST			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Resturant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Steven Davenport			Vice-President Name		
Street Address 76 South Main ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Steven Davenport			Director Name		
Street Address 76 South Main ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 300	CLASS/SERIES	PAR VALUE None	
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 12/21/17
Signature of Authorized Representative <i>Steven Davenport</i>					

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 02 2018

BY **1037**

FORM 630 - Revised: 08/2017