State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

FILED STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

JAN 24 2018 FOR SECRETARY OF STATE USE ONLY

Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
33668	East Avenue	East Avenue Modern Diner, Inc.					
3. Principal Office Address			City		State	Zip	
364 East Avenue			Pawtucket		RI	02860	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
722511	The operation	The operation of a restaurant.					
5. State of Incorporation		7					
Rhode Island							
7. List ALL officers (names a	nd addresses)	<u></u>	he a		k the box to indi	cate an attachment	
President Name Nicholas Demou			Vice-President Name Stacey Aguiar				
Street Address 364 East Avenue			Street Address 364 East Avenue				
City Pawtucket	State RI	Zip 02860	City Pawtucket		State RI	Zip 02860	
Secretary Name Stacey Aguiar				Treasurer Name Nicholas Demou			
Street Address 364 East Avenue			Street Address 364 East Avenue				
City Pawtucket	State RI	Zip 02860	City Pawtucket		State RI	Zip 02860	
8. List ALL directors (names	and addresses)	•			ck the box to ind	icate an attachment	
Director Name Nicholas Demou			Director Name Stacey Aguiar				
Street Address 364 East Avenue			1	Street Address 364 East Avenue			
City Pawtucket	State R1	Zrp 02860	City Pawtucket		State RI	Zip 02860	
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
Ollegt Muless			Street Address	direct nources			
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10 Shares I				icate an attachment	
This information is currently of record in the Department of State.		400	OF SHARES	CLASS/SE	ĭ	PAR VALUE No Par Value	
Changes require an additional filing.							
Changes require an additiona	i iling.					,	
11. This report must be exec					rporation is in the	e hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I					ompanying sch	nedules and	
statements, and that all st	atements containe						
Name of Authorized Representative					Date		
Nicholas Demou, President					1-1-2018		
Signature of Authorized Rep	resentative	SIGN DO	CUMENT HE	RE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov