



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.

FILED STAMP

JAN 25 2018

1065

1. Entity ID Number 18600		2. Exact name of the Corporation Portside Restaurant, Inc.		BY _____	
3. Principal Office Address 221 Great Island Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 722511		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 Deborah Petrella			Vice-President Name Deborah Petrella		
Street Address 221 Great Island Road			Street Address 221 Great Island Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Deborah Petrella			Treasurer Name Deborah Petrella		
Street Address 221 Great Island Road			Street Address 221 Great Island Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Deborah Petrella			Director Name		
Street Address 221 Great Island Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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		
			100	Common	No Par
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 Deborah Petrella					Date 1-19-18
Signature of Authorized Representative <i>Deborah Petrella</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

FORM 630 - Revised: 10/2017