



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.

1 Entity ID Number 789501		2 Exact name of the Corporation ENGLISH MUFFIN, INC.			
3. Principal Office Address 2208 PLAINFIELD PIKE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT AND FOOD SERVICE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DIANA VINAGRO			Vice-President Name DIANA VINAGRO		
Street Address 2208 PLAINFIELD PIKE			Street Address 2208 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name DIANA VINAGRO			Treasurer Name DIANA VINAGRO		
Street Address 2208 PLAINFIELD PIKE			Street Address 2208 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DIANA VINAGRO			Director Name JOSEPH R. VINAGRO		
Street Address 2208 PLAINFIELD PIKE			Street Address 2208 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	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 DIANA VINAGRO, PRESIDENT				Date 1/25/18	
Signature of Authorized Representative <i>Diana Vinagro</i> 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 31 2018

BY

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FORM 630 - Revised: 10/2017