



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

FILED

FEB 01 2018

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

BY

3902

1. Corporate ID No. 135373		2. Name of Corporation Kass Sandwich Shop Corporation			
3. Street Address Principal Business Office 1289 Stafford Road			City Tiverton	State RI	Zip 02878-2600
4. NAICS Code 722513		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate a retail sandwich shop					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven P. Sowersby			Vice President Name Sandra Sowersby		
Street Address 1289 Stafford Road			Street Address 1289 Stafford Road		
City Tiverton	State RI	Zip 02878-2600	City Tiverton	State RI	Zip 02878-2600
Secretary Name Keith A. Trenholme			Treasurer Name Keith A. Trenholme		
Street Address 1289 Stafford Road			Street Address 1289 Stafford Road		
City Tiverton	State RI	Zip 02878-2600	City Tiverton	State RI	Zip 02878-2600
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steven P. Sowersby			Director Name Sandra Sowersby		
Street Address 1289 Stafford Road			Street Address 1289 Stafford Road		
City Tiverton	State RI	Zip 02878-2600	City Tiverton	State RI	Zip 02878-2600
Director Name Keith A. Trenholme			Director Name		
Street Address 1289 Stafford Road			Street Address		
City Tiverton	State RI	Zip 02878-2600	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class-Series	Par Value
			400 shares common stock of \$.01 par value		

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.

Signature

Date

Steven P. Sowersby

Print or Type Name

President

Title

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: 10/2016