



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

FEB 01 2018

BY

2018

1. Entity ID Number 106937		2. Exact name of the Corporation ROUND THE CORNER, INC			
3. Principal Office Address 12 GOVERNOR ST			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A RESTAURANT, PUB, TAVERN OR CAFE SERVING FOOD AND BEVERAGES			
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 SHAWN CHAFFE			Vice-President Name PETER IGNAGNI		
Street Address 74 ARNOLD ST			Street Address 181 WESTERN PROMENADE		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02905
Secretary Name NANCY CARHINA			Treasurer Name PETER PALUMBO		
Street Address 124 CHURCH ST			Street Address 84 GLOVER ST		
City BRISTOL	State RI	Zip 02809	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CLAIRE NEWELL			Director Name MICHAEL EVORA		
Street Address 40 GOVERNOR ST			Street Address 84 ALLERTON AVE		
City PROVIDENCE	State RI	Zip 02906	City EAST PROVIDENCE	State RI	Zip 02914
Director Name JEFF ANDREWS			Director Name		
Street Address 154 BROOK ST			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			460	COMMON	\$.01
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 PETER PALUMBO - TREASURER				Date 1/25/2018	
Signature of Authorized Representative <i>Peter Palumbo</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