RI SOS Filing Number: 201858079060 Date: 2/9/2018 4:00:00 PM

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	2. Exact name of the Corporation
61114	**Middletown Subway, Inc.**

3. Principal Office Address	City	State
235 West Main Rd	**Middletown**	**RI**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	**retail sales of food and beverages**
5. State of Incorporation	
Rhode Island	722511

7. List ALL officers (names and addresses) — Check the box to indicate a

President Name	Vice-President Name
Kenneth Byam	**Jayne Byam**
Street Address **135 Gossett's Turn Dr**	Street Address **135 Gossett's Turn Dr**
City **Middletown** State **RI** Zip **02842**	City **Middletown** State **RI**
Secretary Name **Amanda Byam**	Treasurer Name **Sarah Byam**
Street Address **135 Gossett's Turn Dr**	Street Address **135 Gossett's Turn Dr**
City **Middletown** State **RI** Zip **02842**	City **Middletown** State **RI**

8. List ALL directors (names and addresses) — Check the box to indicate ar

Director Name	Director Name
Kenneth Byam	**Jayne Byam**
Street Address **135 Gossett's Turn Dr**	Street Address **135 Gossett's Turn Dr**
City **Middletown** State **RI** Zip **02842**	City **Middletown** State **RI**
Director Name **Amanda Byam**	Director Name **Sarah Byam**
Street Address **135 Gossett's Turn Dr**	Street Address **135 Gossett's Turn Dr**
City **Middletown** State **RI** Zip **02842**	City **Middletown** State **RI**

9. Shares Authorized	10. Shares Issued — Check the box to indicate an		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PA
Changes require an additional filing.	**1000**	**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 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 statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Jayne Byam, Vice President	

Signature of Authorized Representative

Ken Byam 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

FILED

FORM 630 - -

FEB 09 2018

BY 4305 DS