



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 61114		2. Exact name of the Corporation Middletown Subway, Inc.	
3. Principal Office Address 235 West Main Rd		City Middletown	State RI
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island retail sales of food and beverages		
5. State of Incorporation Rhode Island	702511		
7. List ALL officers (names and addresses) Check the box to indicate ar			
President Name Kenneth Byam		Vice-President Name Jayne Byam	
Street Address 135 Gossett's Turn Dr		Street Address 135 Gossett's Turn Dr	
City Middletown	State RI	Zip 02842	City Middletown
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
8. List ALL directors (names and addresses) Check the box to indicate ar			
Director Name Kenneth Byam		Director Name Jayne Byam	
Street Address 135 Gossett's Turn Dr		Street Address 135 Gossett's Turn Dr	
City Middletown	State RI	Zip 02842	City Middletown
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
9. Shares Authorized 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	
		NUMBER OF SHARES	CLASS/SERIES
		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 of a 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 Jayne Byam, Vice President			Date
Signature of Authorized Representative <i>Ken Byam</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

FILED

FORM 630

FEB 09 2018

BY 4305 DS