



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 144476		2. Exact name of the Corporation PIPELINE RESTAURANT, INC			
3. Principal Office Address 99 FORTIN ROAD			City KINGSTON	State RI	Zip 02881
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT			
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 BENJAMIN WOOD			Vice-President Name JESSICA S. WOOD		
Street Address 99 FORTIN ROAD			Street Address 99 FORTIN ROAD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Secretary Name KAREN SOREM WOOD			Treasurer Name THOMAS WOOD		
Street Address 99 FORTIN ROAD			Street Address 99 FORTIN ROAD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BENJAMIN WOOD			Director Name JESSICA S. WOOD		
Street Address 99 FORTIN ROAD			Street Address 99 FORTIN ROAD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			200		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. <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 BENJAMIN S. WOOD, PRESIDENT					Date 2/12/18
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

FEB 20 2018

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