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.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 22 PM 2:52

1. Entity ID Number	2. Exact name of the Corporation		
34846	Rocky Point Chowder House, Inc.		
3. Principal Office Address	City	State	Zip
33 College Hill Road - Suite 15-E	Warwick	RI	02886
4. NAICS Code 7225 11	6. Brief description of the character of business conducted in Rhode Island		
42 - Wholesale Trade	Conduct and Operate Restaurant		
5. State of Incorporation			
Rhode Island			

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

President Name			Vice-President Name		
Henry D. Vara Jr.					
Street Address			Street Address		
350 Chestnut Street					
City	State	Zip	City	State	Zip
West Newton	MA	02465			
Secretary Name			Treasurer Name		
Henry D. Vara III			Henry D. Vara III		
Street Address			Street Address		
350 Chestnut Street			350 Chestnut Street		
City	State	Zip	City	State	Zip
West Newton	MA	02465	West Newton	MA	02465

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$1.00

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	Date
Henry D. Vara III, Secretary & Treasurer	February 20, 2018

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
FEB 22 2018
BY 0324963

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: 10/2017