State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 22 PM 2:52

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
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 722511	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 **350 Chestnut Street**			Street Address		
City **West Newton**	State **MA**	Zip **02465**	City	State	Zip
Secretary Name **Henry D. Vara III**			Treasurer Name **Henry D. Vara III**		
Street Address **350 Chestnut Street**			Street Address **350 Chestnut Street**		
City **West Newton**	State **MA**	Zip **02465**	City **West Newton**	State **MA**	Zip **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 003249 63

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