State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

2018 FEB 23 AM 10:30

SECRETARY OF STATE CORPORATIONS DIVISION RECEIVED

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
16060	Warwick Foods, Inc.

3. Principal Office Address	City	State	Zip
1980 Warwick Avenue	Warwick	RI	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	Restaurant

5. State of Incorporation
Rhode Island

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

President Name	Street Address	City	State	Zip
Salvatore Illiano	13115 Patriot Way	West Greenwich	RI	02817

Vice-President Name	Street Address	City	State	Zip
Michael Illiano	1 Meadowbrook Road	North Providence	RI	02911

Secretary Name	Street Address	City	State	Zip
Michael Illiano	1 Meadowbrook Road	North Providence	RI	02911

Treasurer Name	Street Address	City	State	Zip
Salvatore Illiano	13115 Patriot Way	West Greenwich	RI	02817

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	NONE	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 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
Salvatore Illiano	2-5-18

Signature of Authorized Representative: Salvatore Illiano SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 4022

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