RI SOS Filing Number: 201859054840 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 2 3 2018AMP

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	ee it form is not	filed by April 1.					
1. Entity ID Number 151120	2. Exact name of the Corporation FASTNET, INC.						
3. Principal Office Address			City		State	Zip	
1-3 BROADWAY			NEWPORT		RI	02840	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
722511	RESTAURANT AND PUB						
5. State of Incorporation							
RI	ļ						
7. List ALL officers (names and add	íresses)		· · -		the box to indi	cate an attachment 🔲	
President Name FINBARR MURRA	Vice-President f	Vice-President Name NONE					
Street Address 1-3 BROADWAY			Street Address	Street Address			
City NEWPORT	State RI	^{Zip} 02840	City		State	Zip	
Secretary Name NONE			Treasurer Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	dresses)		•	Check f	the box to indi	cate an attachment 🔲	
Director Name NONE			Director Name	Director Name NONE			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name NONE			Director Name	Director Name NONE			
Street Address			Street Address	Street Address			
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the		NUVBER (NUMBER OF SHARES		,	PAR VALUE	
Department of State.		NONE					
Changes require an additional filing.							
11. This report must be executed a	n behalf of the c	corporation by an	authorized represe	entative. If the corpo	ration is in the	hands of a receiver or	
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 Name of Authorized Representative		nerein are true a	nd correct.		Date /		
FINBARR MURRAY							
Signature of Authorized Representative SIGN DOCUMENT HERE							
	winne	<u>~</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov