



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -1 AM 10:52

1. Entity ID Number 0000 14897		2. Exact name of the Corporation NEW CANTON REST, INC.			
3. Principal Office Address 588 WARWICK AVE.			City WARWICK	State R.I	Zip 02888
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island GENERAL REST. BUS INCLUDING BUT NOT LIM. TO PREPARATION OF AND PURCHASE & SALES OF ANY KIND OF COOKED OR COOKED FOOD, BEVERAGE			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WING WAIT LOOK			Vice-President Name		
Street Address 11 BEN BRIDGE AVE			Street Address		
City WARWICK	State R.I	Zip 02888	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
			PAR VALUE		
			200		
			CNP		
			0		
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 MARY LOOK					Date 3-1-2018
Signature of Authorized Representative <i>Mary Look</i>					FILED
SIGN DOCUMENT HERE					

BY *[Signature]* 325596
MAR 01 2018