



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.

FILED

MAR 02 2018

BY

20471

1. Entity ID Number 4675		2. Exact name of the Corporation CONERY CORPORATION			
3. Principal Office Address 680 Reservoir Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant or fast-food restaurant.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joshua D. Perrotta			Vice-President Name Joshua D. Perrotta		
Street Address 680 Reservoir Avenue			Street Address 680 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Joshua D. Perrotta			Treasurer Name Joshua D. Perrotta		
Street Address 680 Reservoir Avenue			Street Address 680 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joshua D. Perrotta			Director Name		
Street Address 680 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			300 COMMON 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 Joshua D. Perrotta, President					Date 2/20/2018
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov