



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation**STAMP**

FOR

- 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 1004664		2. Exact name of the Corporation Pickled and Cured, Inc.			
3. Principal Office Address 677 Thames Street			City Newport	State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island The ownership and operation of a 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 Chad Hoffer			Vice-President Name Tyler Burnley		
Street Address 677 Thames Street			Street Address 677 Thames Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Steven M. McInnis			Treasurer Name Tyler Burnley		
Street Address 38 Bellevue Avenue, Suite H			Street Address 677 Thames Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Chad Hoffer			Director Name Tyler Burnley		
Street Address 677 Thames Street			Street Address 677 Thames Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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
			200	Common	\$.01 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. <i>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.</i>					
Name of Authorized Representative Chad Hoffer					Date 1/29/18
Signature of Authorized Representative					

SIGN DOCUMENT **FILED**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 02 2018
 BY **11094 DS**