



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.

1. Entity ID Number 110834		2. Exact name of the Corporation Hammerhead Grill, Inc.												
3. Principal Office Address 1230 Ocean Road			City Narragansett	State RI	Zip 02882									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant/Bar												
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 Michael Aiello			Vice-President Name Howard Jones											
Street Address P.O. Box 356			Street Address 18 Anna Olivo Court											
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882									
Secretary Name Howard Jones			Treasurer Name Michael Aiello											
Street Address 18 Olivo Court			Street Address P.O. Box 356											
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">2000</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2000	Common	No Par Value			
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2000	Common	No Par Value												
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 Michael Aiello				Date 2-8-18										
Signature of Authorized Representative				FILED MAR 05 2018 574a										