



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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 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. <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 Michael Aiello | | | | Date 2-8-18 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | |

FILED
MAR 05 2018
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