



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

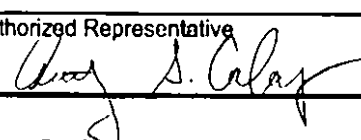
Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
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| 1. Entity ID Number<br><b>001661266</b>   |                    | 2. Exact name of the Corporation<br><b>New York Avenue Tavern, Inc.</b>   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
|---|--------------------|---|---|---------------------------|---------------------|------------------|--------------|-----------|-------|-----|--------|--|--|--|
| 3. Principal Office Address<br><b>228 New York Avenue</b>   |                    |   | City<br><b>Providence</b>   | State<br><b>RI</b>        | Zip<br><b>02905</b> |                  |              |           |       |     |        |  |  |  |
| 4. NAICS Code<br><b>722511</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant/tavern business establishment.</b> |   |                           |                     |                  |              |           |       |     |        |  |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
| President Name<br><b>Anthony Calafiore</b>  |                    |   | Vice-President Name   |                           |                     |                  |              |           |       |     |        |  |  |  |
| Street Address<br><b>56 Ryan Place</b>  |                    |   | Street Address  |                           |                     |                  |              |           |       |     |        |  |  |  |
| City<br><b>Staten Island</b>  | State<br><b>NY</b> | Zip<br><b>10312</b>   | City  | State                     | Zip                 |                  |              |           |       |     |        |  |  |  |
| Secretary Name<br><b>Anthony Calafiore</b>  |                    |   | Treasurer Name  |                           |                     |                  |              |           |       |     |        |  |  |  |
| Street Address<br><b>56 Ryan Place</b>  |                    |   | Street Address  |                           |                     |                  |              |           |       |     |        |  |  |  |
| City<br><b>Staten Island</b>  | State<br><b>NY</b> | Zip<br><b>10312</b>   | City  | State                     | Zip                 |                  |              |           |       |     |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                           |                     |                  |              |           |       |     |        |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                           |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1,000 | CNP | \$0.01 |  |  |  |
|   |                    |   | NUMBER OF SHARES  | CLASS/SERIES              | PAR VALUE           |                  |              |           |       |     |        |  |  |  |
| 1,000   | CNP                | \$0.01  |   |                           |                     |                  |              |           |       |     |        |  |  |  |
|   |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
|   |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |
| 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.<br>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<br><b>Anthony Calafiore - President</b>   |                    |   |   | Date<br><b>03/19/2018</b> |                     |                  |              |           |       |     |        |  |  |  |
| Signature of Authorized Representative<br>   |                    |   |   |                           |                     |                  |              |           |       |     |        |  |  |  |

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 MAIL TO:  
 Division of Business Services  
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