



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION
2018 MAR 22 AM 11:35

1. Entity ID Number 001661266		2. Exact name of the Corporation New York Avenue Tavern, Inc.												
3. Principal Office Address 228 New York Avenue			City Providence	State RI	Zip 02905									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant/tavern business establishment.												
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 Anthony Calafiore			Vice-President Name											
Street Address 56 Ryan Place			Street Address											
City Staten Island	State NY	Zip 10312	City	State	Zip									
Secretary Name Anthony Calafiore			Treasurer Name											
Street Address 56 Ryan Place			Street Address											
City Staten Island	State NY	Zip 10312	City	State	Zip									
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"> <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			
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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. 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 Anthony Calafiore - President				Date 03/19/2018										
Signature of Authorized Representative 			SIGN DOCUMENT HERE											

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

FILED
MAR 22 2018

BY 327 028

FORM 630 - Revised: 10/2017

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