

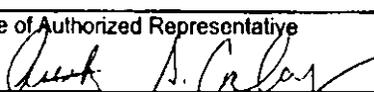


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

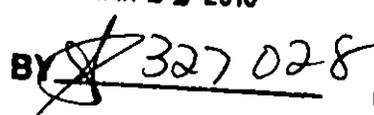
**Annual Report for the year: 2017**  
**Corporation**

- 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  
 CORPORATIONS DIVISION  
 2018 MAR 22 AM 11:35

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

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