



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2018

→ 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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 CORPORATIONS
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| | | | |
|---|---|---|-------------|
| 1. Entity ID Number 667213 | | 2. Exact name of the Corporation HTTM Enterprises, Inc. | |
| 3. Principal Office Address 28 CLARKE STREET | | City Jamestown | State RI |
| | | Zip 02835 | |
| 4. NAICS Code 722511 | 6. Brief description of the character of business conducted in Rhode Island RESTAURANT | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Henry R. Tarbox III | | Vice-President Name Henry R. Tarbox III | |
| Street Address 28 CLARKE ST | | Street Address 28 CLARKE ST | |
| City Jamestown | State RI | City Jamestown | State RI |
| Zip 02835 | | Zip 02835 | |
| Secretary Name Henry R. Tarbox III | | Treasurer Name Henry R. Tarbox III | |
| Street Address 28 CLARKE ST | | Street Address 28 CLARKE ST | |
| City Jamestown | State RI | City Jamestown | State RI |
| Zip 02835 | | Zip 02835 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Henry R. Tarbox III | | Director Name | |
| Street Address 28 CLARKE ST | | Street Address | |
| City Jamestown | State RI | City | State |
| Zip 02835 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | |
| | | 100 | |
| | | 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 ✓ MARVIN R. MITCHELL CPA | | Date 6/25/18 | |
| Signature of Authorized Representative Marvin Mitchell | | FILED JUL 06 2018 KL 334362 2:39 | |