



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.

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 SECRETARY OF STATE
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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
		100	Common
		PAY VALUE	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		Date 6/25/18	
Signature of Authorized Representative <i>Marvin Mitchell</i>		FILED JUL 06 2018	

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