



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

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SECRETARY OF STATE  
CORPORATE  
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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.

1. Entity ID Number <b>667213</b>		2. Exact name of the Corporation <b>HTTM Enterprises, Inc.</b>	
3. Principal Office Address <b>28 CLARKE STREET</b>		City <b>Jamestown</b>	State <b>RI</b>
		Zip <b>02835</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>		
5. State of Incorporation <b>RI</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 <b>Henry R. Tarbox III</b>		Vice-President Name <b>Henry R. Tarbox III</b>	
Street Address <b>28 CLARKE ST</b>		Street Address <b>28 CLARKE ST</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
Secretary Name <b>Henry R. Tarbox III</b>		Treasurer Name <b>Henry R. Tarbox III</b>	
Street Address <b>28 CLARKE ST</b>		Street Address <b>28 CLARKE ST</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Henry R. Tarbox III</b>		Director Name	
Street Address <b>28 CLARKE ST</b>		Street Address	
City <b>Jamestown</b>	State <b>RI</b>	City	State
Zip <b>02835</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>Common</b>
		PAY VALUE	<b>No Par Value</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. <b>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.</b>			
Name of Authorized Representative <b>✓ MARVIN R MITCHELL</b>		Date <b>6/25/18</b>	
Signature of Authorized Representative <i>Marvin Mitchell</i>		FILED <b>JUL 06 2018</b>	

MAIL TO:  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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