



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

REC-100
SECRETARY OF STATE
CORPORATE DIVISION
2018 JUL -6 PM 2:31

Annual Report for the year: 2016
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 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	Zip 02835	City Jamestown	State RI	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	Zip 02835	City Jamestown	State RI	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	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR 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 CPA				Date 6/5/18	
Signature of Authorized Representative <i>Marvin Mitchell</i> JUL 06 2018					

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