

AMENDED ANNUAL REPORT



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

Annual Report for the year: 2018
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
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 23 PM 1:04

1. Entity ID Number 4675		2. Exact name of the Corporation CONERY CORPORATION			
3. Principal Office Address 680 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant or fast-food restaurant.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie Miguel			Vice-President Name Glen J. Miguel		
Street Address 8 Ox Pull Road			Street Address 8 Ox Pull Road		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
Secretary Name Julie Miguel			Treasurer Name Glen J. Miguel		
Street Address 8 Ox Pull Road			Street Address 8 Ox Pull Road		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julie Miguel			Director Name Glen J. Miguel		
Street Address 8 Ox Pull Road			Street Address 8 Ox Pull Road		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			COMMON		
			NO PAR		
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 John S. DiBona on behalf of Julie Miguel					Date 7/20/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					FILED

JUL 23 2018

CK 1:04



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 23, 2018 01:04 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

