

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.

2018 JUL 23 PM 1:01
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON	NO PAR			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
300	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										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 23 2018
CK 1:04

FORM 630 - Revised: 02/2017