



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 31 2018

BY AOE 11188

1. Entity ID Number <u>114530</u>		2. Exact name of the Corporation <u>Birdmar Enterprizes, INC.</u>	
3. Principal Office Address <u>191 Shannock Road</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
4. NAICS Code <u>722511.</u>	6. Brief description of the character of business conducted in Rhode Island <u>restaurant</u>		
5. State of Incorporation <u>rhode island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>TIMOTHY W. JUSTICE</u>		Vice-President Name <u>ROBIN B. JUSTICE</u>	
Street Address <u>191 Shannock Rd.</u>		Street Address <u>191 Shannock Road</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
Secretary Name <u>TIMOTHY W. JUSTICE</u>		Treasurer Name <u>ROBIN B. JUSTICE</u>	
Street Address <u>191 Shannock Road</u>		Street Address <u>191 Shannock Rd</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>none</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>1000 no par value</u>		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>none</u>	
Changes require an additional filing.		CLASS/SERIES	
		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 <u>ROBIN B. JUSTICE</u>			Date <u>1-1-19</u>
Signature of Authorized Representative <u>robin b justice</u>			SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov