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 aqc 11188

1. Entity ID Number	2. Exact name of the Corporation			
114530	Birdmar Enterprizes, INC.			
3. Principal Office Address		City	State	Zip
191 Shannock Road		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511.	restaurant			
5. State of Incorporation				
rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Timothy W. Justice			Robin B. Justice		
Street Address			Street Address		
191 Shannock Rd.			191 Shannock Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Secretary Name			**Treasurer Name**		
Timothy W. Justice			Robin B. Justice		
Street Address			Street Address		
191 Shannock Road			191 Shannock Rd		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
none					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized 1000 no par value

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
none		

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	Date
ROBIN B. JUSTICE	1-1-19

Signature of Authorized Representative: robin b. justice — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017