



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.

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SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number 000136092		2. Exact name of the Corporation Neutral Zone, Inc.			
3. Principal Office Address 321 South Main Street Suite 580			City Providence	State RI	02903
4. NAICS Code 72 2511		6. Brief description of the character of business conducted in Rhode Island Operation of food and beverage establishments			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name William J. Kapanakis			Vice-President Name		
Street Address 106 Davis Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name			Director Name		
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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES A	PAR VALUE 0	
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 William J. Kapanakis				Date 12/31/2018	
Signature of Authorized Representative <i>William J. Kapanakis</i>				NON DOCUMENT HERE FILED	

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

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BY *cmj7w*3:01
FORM 630 - Revised: 10/2017