



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

STAMP

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

1. Corporate ID No <b>000063177</b>		2. Name of Corporation <b>Davenport's Family Restaurant, Inc.</b>			
3. Street Address Principal Business Office <b>1070 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>722511</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Operation of family style restaurant</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gregg P. Davenport</b>			Vice President Name <b>Gregg P. Davenport</b>		
Street Address <b>1070 Mendon Road</b>			Street Address <b>1070 Mendon Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Gregg P. Davenport</b>			Treasurer Name <b>Gregg P. Davenport</b>		
Street Address <b>1070 Mendon Road</b>			Street Address <b>1070 Mendon Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gregg P. Davenport</b>			Director Name		
Street Address <b>1070 Mendon Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares <b>600 shares of common stock no par value</b>	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.

*Gregg P. Davenport*  
 Signature

1/15/19  
 Date

**Gregg P. Davenport**  
 Print or Type Name

**FILED**

**President**  
 Title

**JAN 22 2019**

BY 10924 DS

MAIL TO:  
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