RI SOS Filing Number: 201985022960 Date: 1/22/2019 4:00:00 PM

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. Entity ID Number	2. Exact name of the Corporation			
900582	PRAZERES MANAGEMENT CO., INC.			
3. Principal Office Address		City	State	Zip
670 Metacom Avenue		Warren	RI	02885-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531120	restaurant management and ownership and development of real property			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Christopher J. Prazeres			Clifton J. Prazeres		
Street Address			Street Address		
15 Dorman Drive			46 Ryan's Way		
City	State	Zip	City	State	Zip
Seekonk	MA	02771-	Swansea	MA	02777-
Secretary Name			**Treasurer Name**		
Clifton J. Prazeres			Joseph Prazeres		
Street Address			Street Address		
46 Ryan's Way			670 Metacom Avenue		
City	State	Zip	City	State	Zip
Swansea	MA	02777-	Warren	RI	02885-

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

Director Name			Director Name		
Christopher J. Prazeres			Clifton J. Prazeres		
Street Address			Street Address		
15 Dorman Drive			46 Ryan's Way		
City	State	Zip	City	State	Zip
Seekonk	MA	02771-	Swansea	MA	02777-
Director Name			**Director Name**		
Joseph Prazeres			none		
Street Address			Street Address		
670 Metacom Avenue			none		
City	State	Zip	City	State	Zip
Warren	RI	02885-	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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		Date
Christopher J. Prazeres	President	1/07/2019

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
JAN 22 2019
BY 001271

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: 10/2017