



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 900582		2. Exact name of the Corporation PRAZERES MANAGEMENT CO., INC.			
3. Principal Office Address 670 Metacom Avenue			City Warren	State RI	Zip 02885-0000
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Christopher J. Prazeres			Vice-President Name Clifton J. Prazeres		
Street Address 15 Dorman Drive			Street Address 46 Ryan's Way		
City Seekonk	State MA	Zip 02771-	City Swansea	State MA	Zip 02777-
Secretary Name Clifton J. Prazeres			Treasurer Name Joseph Prazeres		
Street Address 46 Ryan's Way			Street Address 670 Metacom Avenue		
City Swansea	State MA	Zip 02777-	City Warren	State RI	Zip 02885-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher J. Prazeres			Director Name Clifton J. Prazeres		
Street Address 15 Dorman Drive			Street Address 46 Ryan's Way		
City Seekonk	State MA	Zip 02771-	City Swansea	State MA	Zip 02777-
Director Name Joseph Prazeres			Director Name none		
Street Address 670 Metacom Avenue			Street Address none		
City Warren	State RI	Zip 02885-	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <i>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.</i>					
Name of Authorized Representative Christopher J. Prazeres				Date 1/07/2019	
Signature of Authorized Representative 				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

FILED
JAN 22 2019
 BY 001271