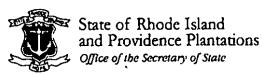
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FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2019 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - Filing Fee: \$50.00' - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 81716 ABM, Inc. 3. Street Address Principal Business Office State 710 Block Island RI 02807 PO Box 1788 5. State of Incorporation 4. Business Phone No 401-466-5883 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island restaurant 7. NAMES AND ADDRESSES OF THE OFFICEUS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Bradford G. Marthens Anne C. Marthens Street Address Street Address PO Box 1788 PO Box 1788 7.ip 02807 City ŒΝ State 02807 **Block Island** RΙ Block Island RI Secretary Name Treasurer Name Bradford G. Marthens Anne C. Marthens Street Address Sincer Address PO Box 1788 PO Box 1788 City 02807 Block Island 02807 Block Island RI RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Anne C. Marthens Bradford G. Marthens Street Address Sincer Address PO Box 1788 PO Box 1788 City State ZIP City Sate ZIP RI 02807 **Block Island** Block Island RI 02807 Director Name Director Name Street Address Street Address State ZIP City City State Z(p 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Mumber of Shares Class/Scries Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100 common \$1.00 par value instruction sheet. FTFN WIUST DE CO! THIS SECTION 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 perjuly, I declare and affirm that I have examined this report,

FILED

UAN 28 2019 Print or Type Name den Form 630 Rev. 08/08

contained herein are true and correct.

including any accompanying schedules and statements, and that all statements