



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 36066		2. Exact name of the Corporation FAIRFIELD ENTERPRISES, INC.			
3. Principal Office Address 6125 Post Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Business of a lounge and to sell retain soft drinks and alcoholic beverages			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin C. Heise			Vice-President Name None		
Street Address 6125 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kevin C. Heise			Treasurer Name Kevin C. Heise		
Street Address 6125 Post Road			Street Address 6125 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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	
		100		Common	
				PAR VALUE	
				No 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. <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 Kevin C. Heise, President					Date Jan 24th 2019
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					JAN 30 2019

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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