



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATION
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1. Entity ID Number 16961		2. Exact name of the Corporation NORDIC LODGE, INC.			
3. Principal Office Address 178 East Pasquissett Trail			City Charlestown	State RI	Zip 02813
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT, MOTEL AND RELATED FACILITIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven A. Persson			Vice-President Name None		
Street Address 178 East Pasquissett Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Lisa Persson Brown			Treasurer Name Nancy I. Log		
Street Address 178 East Pasquissett Trail			Street Address 178 East Pasquissett Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven A. Persson			Director Name Nancy I. Log		
Street Address 178 East Pasquissett Trail			Street Address 178 East Pasquissett Trail		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Lisa Persson Brown			Director Name		
Street Address 178 East Pasquissett Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Class A Common Voting	\$0.01	
		100	Class A Common Non-Voting	\$0.01	
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 Nancy I. Log				Date 1/22/19	
Signature of Authorized Representative 					

FILED

BY

JAN 31 2019

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MAIL TO:
Division of Business Services
48 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Web: www.sos.state.ri.us