



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
 CORPORATIONS DIV.
 2019 FEB 21 PM 2:07

1. Entity ID Number 000936455		2. Exact name of the Corporation Salted Slate, Inc.			
3. Principal Office Address 186 Wayland Avenue			City Providence	State RI	Zip 02906
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Full Service Restaurant.			
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 Benjamin Lloyd			Vice-President Name Benjamin Lloyd		
Street Address 27 Homefield Avenue			Street Address 27 Homefield Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Benjamin Lloyd			Treasurer Name Benjamin Lloyd		
Street Address 27 Homefield Avenue			Street Address 27 Homefield Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 Benjamin Lloyd, President				Date 2/18/19	
Signature of Authorized Representative 					

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

FEB 21 2019
 FORM 630 - Revised: 10/2017
 BY *[Signature]* 2/20/19