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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

FILED

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5 01	pora	uon				
\rightarrow	Filing	period.	January	1 -	March	1

 → Filing period. January → Filing Fee: \$50.00 → Penalty: Additional \$25 		ot filed by April 1.		FEB 2.7	2019	>					
1. Entity ID Number 001004664	ľ	2. Exact name of the Corporation Pickled and Cured, Inc.									
Principal Office Address Thames Street	<u> </u>		City Newport		State RI	7ip 02840					
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island									
722511	The owners	The ownership and operation of a restaurant									
State of Incorporation	The ownership and operation of a restaurant										
Rhode Island											
7. List ALL officers (names an	id addresses)	· -		Check	k the box to ii	ndicate an attachment 🔲					
President Name Chad Hoffer		Vice-President Name Tyler Burnley									
Street Address 677 Thames S	Street Address 677 Thames Street										
City Newport	State RI	Zip 02840	City Newport State			Zip 02840					
Secretary Name Steven M. Mc		Treasurer Nar	Treasurer Name Tyler Burnley								
Street Address 38 Bellevue Av	Street Address 677 Thames Street										
^{City} Newport	State RI	Zip 02840	!	City Newport		^{Zip} 02840					
8. List ALL directors (names a	and addresses)			Check	k the box to i	ndicate an attachment					
Director Name Chad Hoffer			Director Name	Tyler Burnley							
Street Address 677 Thames S		Street Address 677 Thames Street									
City Newport	State RI	^{2ip} 02840	City Newpor	City Newport		Zip 02840					
Director Name		Director Name									
Street Address	••	· ·	Street Address								
City	State	Zip	Cily	<u></u>	State	Zip					
9. Shares Authorized	<u> </u>	10. Shares Iss		Check	k the box to ii	ndicate an attachment					
This information is currently of Department of State.	NUMBER O	NUMBER OF SHARES		ES	PAR VALUE						
bepartment of State.	200	200			\$.01 Par						
Changes require an additional											
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in t	the hands of a receiver or					
trustee, this report must be ex											
Under penalty of perjury, I on statements, and that all states				including any acco	mpanying s	chedules and					
Name of Authorized Represer					Date						
Chad Hoffer		FILED 1/23/2019			3/2019						
Signature of Authorized Bear	esentative	SIGN DO	CUMENT HERE	FEB 27 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