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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

SECRETARY OF STATE SOIN MAR 13
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1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
44597		Emery's Catering Service, Inc.					
3. Principal Office Address	•		City		State	Zip	
425 Pavilion Avenue			Warwick		RI	02888	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
722320	To own, ma	To own, manage and operate a food catering service.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and	addresses)			Check	the box to	ndicate an attachment	
President Name David Emery	Vice-President Name Robert Emery						
Street Address 425 Pavilion Av	Street Address 425 Pavilion Avenue						
City Warwick	State RI	^{Zip} 02888	City Warwick		State RI	State RI Zip 02888	
Secretary Name David Emery			Treasurer Name Donna Rowey				
Street Address 425 Pavilion Avenue			Street Address 425 Pavilion Avenue				
City Warwick	State RI	Zip 02888	City Warwick		State RI	^{Zip} 02888	
8. List ALL directors (names an	nd addresses)	1		Check	the box to	indicate an attachment 📋	
Director Name Robert Emery			Director Name Donna Rowey				
Street Address 425 Pavilion Avenue			Street Address 425 Pavilion Avenue				
City Warwick	Slate RI	Zip 02888	City Warwick		State RI	^{Zip} 02888	
Director Name David Emery			Director Name				
Street Address 425 Pavilion Avenue			Street Address				
Cily Warwick	State RI	Žip 02888	City		State	Zıp	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filling.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		225		Common		No	
11. This report must be execute	ed on behalf of the	corporation by an	authorized repre	1 sentative. If the corpo	oration is in	the hands of a receiver or	
trustee, this report must be exe	ecuted on behalf of	the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I de statements, and that all state				including any accor	npanying s	cnedules and	
Name of Authorized Represent			++		Date -z	161	
Donna Rowey							
Signature of Authorized Repres	sentative UM N	la Pa	WEM-ER!	FILE)	•	
MAIL TO:	<u> </u>						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

UKM 530 - Revised: 10/2017