FILED
MAR 21 2019
BY 116839

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.

1. Entity ID Number	2. Exact name of the Corporation
796438	EAST GREENWICH RESTAURANT GROUP, INC.

3. Principal Office Address	City	State	Zip
111 Queen Street, No. 1	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Restaurant
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Mark G. Finn					
Street Address			Street Address		
217 Cedar Avenue					
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Mark G. Finn			Mark G. Finn		
Street Address			Street Address		
217 Cedar Avenue			217 Cedar Avenue		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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

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	Date
Mark G. Finn	2-20-19

Signature of Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov