



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.

FILED

STAMP

MAR 25 2019

BY

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1. Entity ID Number <b>667213</b>		2. Exact name of the Corporation <b>HTTM Enterprises, Inc.</b>	
3. Principal Office Address <b>5 DEER RUN DRIVE</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>TIMOTHY A. MCGINNIS JR</b>		Vice-President Name <b>TIMOTHY A. MCGINNIS JR</b>	
Street Address <b>5 DEER RUN DRIVE</b>		Street Address <b>5 DEER RUN DRIVE</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
Secretary Name <b>TIMOTHY A. MCGINNIS JR</b>		Treasurer Name <b>TIMOTHY A. MCGINNIS JR</b>	
Street Address <b>5 DEER RUN DRIVE</b>		Street Address <b>5 DEER RUN DRIVE</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>TIMOTHY A. MCGINNIS JR</b>		Director Name	
Street Address <b>5 DEER RUN DRIVE</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	City	State
Zip <b>02816</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		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 <b>3/14/19</b>
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