RI SOS Filing Number: 201989243370 Date: 3/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Report for the year: 2019

Annual Report for the year:	2019
Corporation **	<u>&O()</u>
50. por ation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

HILED	STAMP
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BY 1895	

A Second DAL set as	0 5	11- 01		 					
1. Entity ID Number	2. Exact name of the Corporation								
	667213 HTTM Enterprises, Inc.								
3. Principal Office Address 50€	ERRUN DRI	UL	ICitv		State	Zip			
		•	Cau	esty	17	22011			
			COU	c1 19	144	1008/6			
4. NAIUS Code	6. Brief description	character د م	of business of	onducted in Rhode Is	land				
722511									
122311		1							
5. State of Incorporation	Restaurant								
1 ペヤン	'\&\'	14014							
7. List ALL officers (names and add	resses)				the box to indic	ate an attachment 🔲			
President Name			Vice-President	Name					
TimoThy A	. WICE	nnis IR	7	IMOTHY	A . M 16	GINNIS JR			
Street Address		•	Street Address						
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City	State	Zip	City		State	Zip			
Coventy	1	07816	1 '	ventra	INT	02816			
Secretary Name	1 10 1	LUZ BIQ	Treasurer Nam		1	10000			
Timo Thy A	Masia	nis JR	1	yothy A. M	106inn	15 TH			
Street Address	· MILGIN	7,10	Street Address	70117 741	LGIVIII	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Silver Address & Dank /	2000	10-6-	O. O. C. P. Guides	1-00	na Da				
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		07816			ha hay ta iadia				
8. List ALL directors (names and ad	idresses)	·	Director Name	Спеск	uie box to indic	ate an attachment			
Director Name	Mar	·	Director Name						
TIMOTHY A.	MICGIANI	SUR							
Street Address	- Na .	•	Street Address						
) Jeer Ku	NU DILIA	<u>e</u>	<u> </u>		1				
City	State	Zip	City		State	Zip			
COVEN VY	<u> </u>	02516	<u> </u>						
Director Name		•	Director Name						
			<u> </u>	<u> </u>					
Street Address			Street Address						
		_	L						
City	State	Zip	City		State	Ζιρ			
<u> </u>									
9. Shares Authorized		10. Shares Issue	d	Check	the box to indic	ate an attachment 🔲			
This information is currently of recor	d in the	NUMBER OF SI	HARES	CLASS/SERIES	;	PAR VALUE			
Department of State.					l				
Changes require an additional filing.					1				
		<u></u>							
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 Adhorized Representative Date									
$N \longrightarrow (1)$									
Rignature of Authorized Pancocatativa									
Signature of Authorized Representative									
NIGHT HOUMENT 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