



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
Annual Report for the year: **2019**

Corporation

2019 MAR 29 AM 9:19

- 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 665475		2. Exact name of the Corporation Monty's Victory Diner Corporation			
3. Principal Office Address 2751 Victory Highway			City Burrville	State RI	Zip 02830
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Diner			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcel E. Fontenault, Jr.			Vice-President Name Barbara Fontenault		
Street Address 540 Cowell Road			Street Address 540 Cowell Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Barbara Fontenault			Treasurer Name Marcel E. Fontenault, Jr.		
Street Address 540 Cowell Road			Street Address 540 Cowell Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marcel E. Fontenault, Jr.			Director Name Barbara Fontenault		
Street Address 540 Cowell Road			Street Address 540 Cowell Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 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 Marcel E. Fontenault, Jr.				Date 3/22/19	
Signature of Authorized Representative 					

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

MAR 29 2019

B/CN CK 2990

FORM 630 - Revised: 10/2017