



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 18 AM 9:37

1. Entity ID Number 97289		2. Exact name of the Corporation POPPY'S Family Restaurant, INC.	
3. Principal Office Address 3 Norton Drive Cumberland		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Restaurant Business		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bruce A. Altieri Sr.		Vice-President Name Kimberly A. Altieri	
Street Address 3 Norton Drive		Street Address 3 Norton Drive	
City Cumberland	State RI	Zip 02864	City Cumberland
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	City
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	
		0	
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 4/18/19	
Signature of Authorized Representative Kimberly A. Altieri		FILED	
		APR 18 2019	

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

BY **JFK14**
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