



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

Annual Report for the year: 2016
 Corporation

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 CORPORATIONS DIV

2019 APR 18 AM 9:37

- 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 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	
State RI		Zip 02864	State RI		Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
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	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
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	

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

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 BY **JKEIA**
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