



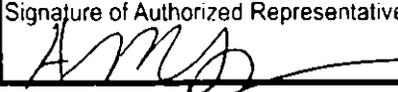
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

2019 JUL 30 PM 1:43

1. Entity ID Number 001679225		2. Exact name of the Corporation ALANI'S BISTRO, INC.					
3. Principal Office Address 11 Waterman Avenue		City Cranston		State RI	Zip 02920		
4. NAICS Code 72511		6. Brief description of the character of business conducted in Rhode Island Restaurant establishment and any other lawful purpose.					
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 Amy Fares		Vice-President Name Amy Fares					
Street Address 11 Waterman Avenue		Street Address 11 Waterman Avenue					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Secretary Name Amy Fares		Treasurer Name Amy Fares					
Street Address 11 Waterman Avenue		Street Address 11 Waterman Avenue					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
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		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	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		common		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. <i>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.</i>							
Name of Authorized Representative Amy Fares					Date		
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

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3: on ECTH9