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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.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 00104561		2. Exact name of the Corporation GEOFF'S RESTAURANT, INC.			
3. Principal Office Address 163 BENEFIT STREET			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island To engage in providing retail food and beverage services, including but limited to the ownership			
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 Julio Fonseca			Vice-President Name Julio Fonseca		
Street Address 102 Burnside Avenue			Street Address 102 Burnside Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Julio Fonseca			Treasurer Name Julio Fonseca		
Street Address 102 Burnside Avenue			Street Address 102 Burnside Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julio Fonseca			Director Name		
Street Address 102 Burnside Avenue			Street Address		
City Seekonk	State MA	Zip 02771	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
			100		Common
			PAR VALUE		None
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 Julio Fonseca					Date 9/5/2019
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

FILED
SIGN DOCUMENT HERE
SEP 05 2019

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