



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

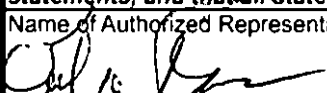
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2019 SEP -5 P 3:39


STAMP

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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common 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 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

SEP 05 2019

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