

FILED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Annual Report for the year: 2020
Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY

JAN 13 2020

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1. Entity ID Number 85787		2. Exact name of the Corporation OLD MOUNTAIN LANES, INC.			
3. Principal Office Address 756 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02883
4. NAICS Code 713950	6. Brief description of the character of business conducted in Rhode Island TO OPERATE, SELL AND OTHERWISE DISPOSE OF RESTAURANTS, INNS, TAVERNS, CAFES AND CAFETERIAS.				
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 ROBERT L. TOTH			Vice-President Name ROBERT L. TOTH		
Street Address 756 KINGSTOWN ROAD			Street Address 756 KINGSTOWN ROAD		
City WAKEFIELD	State RI	Zip 02883	City WAKEFIELD	State RI	Zip 02883
Secretary Name ROBERT L. TOTH			Treasurer Name ROBERT L. TOTH		
Street Address 756 KINGSTOWN ROAD			Street Address 756 KINGSTOWN ROAD		
City WAKEFIELD	State RI	Zip 02883	City WAKEFIELD	State RI	Zip 02883
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	\$0.00
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 ROBERT L. TOTH					Date 1/9/20
Signature of Authorized Representative 					