RI SOS Filing Number: 202032227530 Date: 1/13/2020 4:00:00 PM



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.

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Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
85787	OLD MO	OLD MOUNTAIN LANES, INC.						
3. Principal Office Address			City		State	Zip		
756 KINGSTOWN ROAD			WAKEFIEL	D	RI	02883		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
713950	TO OPERA	TO OPERATE, SELL AND OTHERWISE DISPOSE OF RESTAURANTS, INNS, TAVERNS, CAFES AND						
5. State of Incorporation	CAFETERIA	CAFETERIAS.						
RHODE ISLAND								
7. List ALL officers (names and	addresses)			Check	the box to in	ndicate an attachment		
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 WAKEF		State RI	^{Zip} 02883		
Secretary Name ROBERT L TO			Treasurer Name ROBERT L. TOTH					
Street Address 756 KINGSTOWN ROAD		Street Address 756 KINGSTOWN ROAD						
City WAKEFIELD	State RI	Zip 02883	City WAKEF	City WAKEFIELD S		^{Zip} 02883		
8. List ALL directors (names ar	nd addresses)			Check	the box to it	ndicate an attachment		
Director Name			Director Name	9				
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				
This information is currently of r	ecord in the	ord in the NUMBER OF		CHOCK THE DOX TO INCIDENCE OF A		PAR VALUE		
Department of State. Changes require an additional filing.		100		COMMON		\$0.00		
		<u> </u>	<u> </u>					
11. This report must be execute	ed on behalf of the	corporation by an	authorized repre-	sentative If the corn	oration in in t	he hands of a receiver ==		
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 / /								
ROBERT L TOTH					1/20			
Signature of Authorized Representative								
	vell	11000				<u> </u>		

MAIL TO:

Division of Business Services

148 W. River Streel, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov