



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.

1. Entity ID Number 18600		2. Exact name of the Corporation Portside Restaurant, Inc.												
3. Principal Office Address 221 Great Island Road			City Narragansett	State RI	Zip 02882									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant												
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 Deborah Petrella			Vice-President Name Deborah Petrella											
Street Address 221 Great Island Road			Street Address 221 Great Island Road											
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882									
Secretary Name Deborah Petrella			Treasurer Name Deborah Petrella											
Street Address 221 Great Island Road			Street Address 221 Great Island Road											
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Deborah Petrella			Director Name											
Street Address 221 Great Island Road			Street Address											
City Narragansett	State RI	Zip 02882	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par												
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 Deborah Petrella				Date 2-12-20 - 2-12-20										
Signature of Authorized Representative <i>Deborah Petrella</i>														

SIGN DOCUMENT HERE

FILED

KM

FEB 17 2020

BY

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