RI SOS Filing Number: 202035485180 Date: 2/27/2020 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

FILED	
FEB 27 2020 E	- D

Entity ID Number	2. Exact nam	2. Exact name of the Corporation NICK'S FINE FOODS, INC.						
16704	NICK'S F							
3. Principal Office Address			City		State	Zip		
8 Freebody Street, P.O. Box 549			Newport		RI	02840		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
722511	The operat	The operation and management of a restaurant.						
5. State of Incorporation								
RI								
7. List ALL officers (names and	l addresses)				box to indi	cate an attachment 🔲		
President Name Chris Charles Young			Vice-President Name Chris Charles Young					
Street Address 38 Memorial Boulevard West			Street Address 38 Memorial Boulevard West					
City Newport	State RI	Zip 02840	City Newport		State RI	<sup>Zip</sup> 02840		
Secretary Name Chris Charles	Young		Treasurer Name Chris Charles Young					
Street Address 38 Memorial Boulevard West			Street Address 38 Memorial Boulevard West					
City Newport	State RI	<sup>Zıp</sup> 02840	City Newport		State RI .	Zip 02840		
8. List ALL directors (names ar	nd addresses)			Check the	box to ind	icate an attachment		
Director Name Chris Charles Y	oung '		Director Name					
Street Address 38 Memorial Boulevard West			Street Address					
City Newport	State RI	Zip <b>02840</b>	City		State	Žip		
Director Name			Director Name	· <del>- 1</del>		-		
Street Address			Street Address	Street Address				
City	State	Zip	City	T.	 State	Zip		
		·						
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE  0.00		
Changes require an additional filing.		100				· · · · · · · · · · · · · · · · · · ·		
goo roquire un ucumonar n	·····3							
11. This report must be execut					ion is in the	hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de					nvina ech	edules and		
statements, and that all state	aments contained				mymy sen			
Name of Authorized Representative				Date /		/		
Chris Charles Young				1/21/20				
Signature of Authorized Repre	sentative	1			***	<del>- /</del>		
	3	SIGN DO	OCUMENT 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