



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

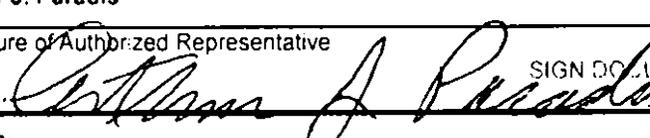
FILED

Annual Report for the year: 2020
Corporation

MAR 05 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 9378 DS

1. Entity ID Number 123225		2. Exact name of the Corporation A. Pagliarini's Family Restaurant, Inc.			
3. Principal Office Address 637 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a restaurant for the service of good and drink.			
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 Arthur J. Paradis			Vice-President Name Ann Marie Paradis		
Street Address 294 Station Street			Street Address 294 Station Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Ann Marie Paradis			Treasurer Name Arthur J. Paradis		
Street Address 294 Station Street			Street Address 294 Station Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur J. Paradis			Director Name Ann Marie Paradis		
Street Address 294 Station Street			Street Address 294 Station Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
			200	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.			Date 3/1/2020		
Name of Authorized Representative Arthur J. Paradis					
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