

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation - March 4

→ Filing period: January 1 - March 1

→ Filing Fee. \$50.00

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

MAR 05 2020 QY 18 09

Entity ID Number	2 Evact nam	e of the Corporation	<u> </u>				
1. Endly 10 Number		2. Exact name of the Corporation A. Pagliarini's Family Restaurant, Inc.					
3 Principal Office Address			City		IState	Zıp	
637 Washington Street			Coventry		RI	02816	
4. NAICS Code 6. Brief description of the charact			ter of business co	enducted in Rhode Isl	and	I	
722511	J	To engage in the business of operating a restaurant for the service of good and drink.					
5 State of Incorporation		- Chyage in the business of operating a restaurant for the service of good and drink.					
Rhode Island							
7. List ALL officers (names and	d addresses)			Check t	he box to ir	idicate an attachment 🔲	
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	Z _{IP} 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	Z _{IP} 02816	
8. List ALL directors (names a	ind addresses)	<u> </u>		Check t	he box to ii	ndicate an attachment 🔲	
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				
					State	Zip	
City	State	Zip	City		Siate	Ζιμ	
9. Shares Authorized		10. Shares Is	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 Common No Par		
		200				No Par	
Changes require an additional	tiling.						
11. This report must be executrustee, this report must be ex	uted on behalf of the	corporation by an	authorized repres	entative. If the corpoustee.	ration is in	the hands of a receiver or	
Under penalty of perjury, I d	declare and affirm	that I have examin	ned this report, it	ncluding any accom	panying s	chedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date						1 1	
Arthur J. Paradis					3/1/2020		
Signature of Authorized Repri	esentative	SIGN DO	JUMENT HERF				
L TUY////		1 MALGIA	<i>N. J.</i>				

MAIL TO:

Division of Business Services

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

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