



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

MAR 05 2020

BY

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1. Entity ID Number 147773		2. Exact name of the Corporation Beacon Diner, Inc.												
3. Principal Office Address 384 Devil's Foot Road			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Own/Operate a Restaurant Business												
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 Vernon Knott			Vice-President Name Judy Harris											
Street Address 384 Devil's Foot Road			Street Address 244 South Main Street											
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816									
Secretary Name Judy Harris			Treasurer Name Vernon Knott											
Street Address 244 South Main Street			Street Address 384 Devil's Foot Road											
City Coventry	State RI	Zip 02816	City North Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Vernon Knott			Director Name Judy Harris											
Street Address 384 Devil's Foot Road			Street Address 244 South Main Street											
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
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>1000</td> <td>STK</td> <td>\$1 00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	\$1 00			
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1000	STK	\$1 00												
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 Judy Harris				Date 02/25/2020										
Signature of Authorized Representative <i>Judy Harris</i>				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