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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20

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.

MAR 1	3 2020
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1. Entity ID Number	2 Exact nam	e of the Comoratio		····					
74959		2. Exact name of the Corporation Emery Dining, Inc.							
3. Principal Office Address			City		State	17.5			
151 Fountain Street			Pawtucket		RI	Zip 02860			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island							
722511	To own, ma	To own, manage, and operate a banquet hall and related facilities.							
5. State of Incorporation		•							
Rhode Island									
7. List ALL officers (names an	nd addresses)			Check	the box to i	ndicate an attachment			
President Name David Emery			Vice-President Name Robert Emery						
Street Address 151 Fountain Street			Street Address 151 Fountain Street						
City Pawtucket	State RI	^{Zip} 02860	City Pawtuc		State RI	^{Zip} 02860			
Secretary Name David Emery			Treasurer Name Donna Rowey						
Street Address 151 Fountain Street			Street Address 151 Fountain Street						
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860			
8. List ALL directors (names a	and addresses)			Check	the box to i	indicate an attachment			
Director Name Robert Emery			Director Nam	Director Name Donna Rowey					
Street Address 151 Fountain Street			Street Addres	Street Address 151 Fountain Street					
City Pawtucket	State RI	Zip 02860	City Pawtucket		Slate RI	Zip 02860			
Director Name David Emery			Director Name						
Street Address 151 Fountain Street			Street Address						
City Pawtucket	State RI	Zip 02860	City		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		.5	PAR VALUE			
		225	225			No			
Changes require an additional	tiling.				_				
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	I sentative. If the corpo	oration is in f	the hands of a receiver or			
<u>trustee, this report must be ex</u>	<u>recuted on behalf of</u>	the corporation by	the receiver or t	rustee.					
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 Date									
Donna Rowey									
Signature of Authorized Representative									
MAN ROLL SAN AT									

MAIL TO:

Division of Business Services

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

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