

2020 APR 16 P 1:28



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

Annual Report for the year: **2019**  
Corporation

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

1. Entity ID Number <b>000798358</b>		2. Exact name of the Corporation <b>UMELT WEYBOSSET, INC.</b>			
3. Principal Office Address <b>129 Weybosset Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>722513</b> <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>QUICK SERVICE RESTAURANT</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Benjamin Wood</b>			Vice-President Name		
Street Address <b>785 Middlebridge Road</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Jessica Wood</b>			Treasurer Name <b>Jonathan Kaufman</b>		
Street Address <b>785 Middlebridge Road</b>			Street Address <b>34 President Avenue</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Benjamin Wood</b>			Director Name <b>Jessica Wood</b>		
Street Address <b>785 Middlebridge Road</b>			Street Address <b>785 Middlebridge Road</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Jonathan Kaufman</b>			Director Name		
Street Address <b>34 President Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>300</b>			<b>None</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Jonathan Kaufman</b>					Date <b>4.16.2020</b>
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

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BY

FORM 630 - Revised: 10/2016

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