



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.

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|
| 1. Entity ID Number 000936455 | | 2. Exact name of the Corporation Salted Slate, Inc. | | | |
| 3. Principal Office Address 186 Wayland Avenue | | | City Providence | State RI | Zip 02906 |
| 4. NAICS Code 722511 | 6. Brief description of the character of business conducted in Rhode Island Full Service Restaurant. | | | | |
| 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 Benjamin Lloyd | | | Vice-President Name Benjamin Lloyd | | |
| Street Address 27 Homefield Avenue | | | Street Address 27 Homefield Avenue | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Secretary Name Benjamin Lloyd | | | Treasurer Name Benjamin Lloyd | | |
| Street Address 27 Homefield Avenue | | | Street Address 27 Homefield Avenue | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued | | |
| This information is currently of record in the Department of State. | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES 100 | CLASS/SERIES Common | FAR VALUE No Par Value |
| | | | | | |
| 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 Benjamin Lloyd, President | | | | | Date 3/20/20 |
| Signature of Authorized Representative | | | | | |

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

APR 23 2020

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