



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**

MAY 27 2020

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1. Entity ID Number <b>001691978</b>		2. Exact name of the Corporation <b>THE DYING DAYS OF DIONYSUS, INC.</b>												
3. Principal Office Address <b>93 Manton Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>									
4. NAICS Code <b>722410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operation of a Bar</b>												
5. State of Incorporation <b>RI</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>Michael Sears</b>		Vice-President Name												
Street Address <b>93 Manton Avenue</b>		Street Address												
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip									
Secretary Name <b>Michael Sears</b>		Treasurer Name <b>Michael Sears</b>												
Street Address <b>93 Manton Avenue</b>		Street Address <b>93 Manton Avenue</b>												
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</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>Michael Sears</b>		Director Name												
Street Address <b>93 Manton Avenue</b>		Street Address												
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip									
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. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>2000 - 100 Issued</td><td>Common</td><td>No Par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2000 - 100 Issued	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
2000 - 100 Issued	Common	No Par												
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>Michael Sears</b>				Date <b>5/15/20</b>										
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

FORM 630 - Revised: 10/2017