



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 *SL*
3410

1. Entity ID Number 1336483		2. Exact name of the Corporation 1900 Raining Fish, Inc.			
3. Principal Office Address 93 Manton Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Operation of a Bar			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Sears			Vice-President Name		
Street Address 93 Manton Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Michael Sears			Treasurer Name Michael Sears		
Street Address 93 Manton Avenue			Street Address 93 Manton Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Sears			Director Name		
Street Address 93 Manton Avenue			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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.					
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 Michael Sears <i>[Signature]</i>					Date 5/15/20
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