RI SOS Filing Number: 202041221950 Date: 5/29/2020 4:00:00 PM

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

FILED	 }
MAY 2 9 2020	STAMP
3234	FOR SECRETARY OF STATE USC O'LLY

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→ Penalty: Additional \$25		•			_				
1 Entity ID Number 882998		2 Exact name of the Corporation RC Enterprises Inc.							
3. Principal Office Address			City		State	Zip			
291 Providence Street			West Warw	West Warwick		02893			
4. NAICS Code	6 Brief desc	6 Brief description of the character of business conducted in Rhode Island							
722513	To own and	To own and operate a restaurant.							
5. State of Incorporation	—	러 '							
Rhode Island	ľ								
7. List ALL officers (names an	nd addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to i	ndicate an attachment			
President Name Roger Carlson			Vice-President Name						
Street Address 152 Pawtuxet Terrace			Street Address						
City West Warwick	State RI	^{Zip} 02893	City		State	State Zip			
Secretary Name Roger Carlso	n		Treasurer Nam	Treasurer Name Roger Carlson					
Street Address 152 Pawtuxet Terrace			Street Address 152 Pawtuxet Terrace						
City West Warwick	State RI	Zip 02893	City West Warwick		State RI	^{Z₁p} 02893			
8 List ALL directors (names a	and addresses)	•			the box to i	ndicate an attachment <a>□			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
Director Name	ctor Name			Director Name					
Street Address			Street Address	Street Address					
000100.			Oli CCT / NGCT CSG	•					
City	State	Zip	City		State	Zıp			
9. Shares Authorized	<u></u>	10. Shares Is:	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the			SHARES	CLASS/SERIES FAR VALUE					
Department of State. Changes require an additional filing.		100		COMMON		NO PAR			
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	entative If the corpo	oration is in	the hands of a receiver or			
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or tr	ustee					
Under penalty of perjury, I d				ncluding any accor	npanying s	chedules and			
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date					Date	, ,			
Roger Carlson, President						3/26/2020			
Signature of Authorized Repr	esentative								
all	-	SIGN DO	CUMENT HERE						
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MAIL TO:

Division of Business Services

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

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