



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

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2020 OCT -8 PM 2:49

2017 NOV 14 AM 11:46

Annual Report for the year: 2017

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 <u>144830</u>		2. Exact name of the Corporation <u>SHANNONS PLACE INC</u>	
3. Principal Office Address <u>737 BROADWAY</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
		Zip <u>02861</u>	
4. NAICS Code <u>720511</u>	6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>SHANNON HARDY</u>		Vice-President Name	
Street Address <u>47 IDES HILL RD</u>		Street Address	
City <u>ATLEBORO</u>	State <u>MA</u>	Zip <u>02703</u>	
Secretary Name		Treasurer Name <u>SHANNON HARDY</u>	
Street Address		Street Address <u>SAME</u>	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <u>1000</u> <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.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>NONE</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>0</u>	
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 <u>Shannon Hardy</u>		Date <u>9-5-20</u>	
Signature of Authorized Representative <u>Shannon Hardy</u>		FILED	

FILE TO:

Division of Business Services

River Street, Providence, Rhode Island 02904-2615

(401) 222-3040

www.sos.ri.gov

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BY BKS9K

FORM 630 - Revised: 10/201