



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 OCT -8 PM 2:49

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>
4. NAICS Code <u>722511</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>RI LEBORG</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>1001</u>		10. Shares Issued <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.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>NONE</u>	<u>COMMON</u>
			<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. <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 <u>L Shannon Hardy</u>		Date <u>1-17-18</u>	
Signature of Authorized Representative <u>Shannon Hardy</u>		OCT 08 2020	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY BKS9K

2:52



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 08, 2020 02:52 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

