



FILED

NOV 17 2020 *or*

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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.

1. Entity ID Number 72915		2. Exact name of the Corporation STADIUM FISH & CHIP, INC.			
3. Principal Office Address 1079 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island PREPARATION AND RETAIL SALES FISH & CHIPS AND RELATED ITEMS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY S WOOD			Vice-President Name MONIQUE L WOOD		
Street Address 231 WEST GREENVILLE ROAD			Street Address 231 WEST GREENVILLE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name MONIQUE L WOOD			Treasurer Name GARY S WOOD		
Street Address 231 WEST GREENVILLE ROAD			Street Address 231 WEST GREENVILLE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY S WOOD			Director Name MONIQUE L WOOD		
Street Address 231 WEST GREENVILLE ROAD			Street Address 231 WEST GREENVILLE ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
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
			500	COMMON	NO PAR VALUE
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 GARY S WOOD, PRESIDENT				Date 11/10/20	
Signature of Authorized Representative <i>Gary S. Wood</i>					

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