RI SOS Filing Number: 202188920240 Date: 1/29/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JAN 29 2021
BY 582 DS

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
96320	Eggs Up Family Restaurant, Inc.			
3. Principal Office Address		City	State	Zip
2278 Mendon Road		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	The operation of a Restaurant and any other lawful purpose			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kerry Easterbrooks			Vice-President Name: Adam Easterbrooks		
Street Address: 4 Blacksmith Road			Street Address: 4 Blacksmith Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Kerry Easterbrooks			Treasurer Name: Adam Easterbrooks		
Street Address: 4 Blacksmith Road			Street Address: 4 Blacksmith Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	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	Date
Kerry Easterbrooks	01 / 25 / 2021
Signature of Authorized Representative	
Kerry Easterbrooks	

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

FORM 630 - Revised: 08/2020