



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

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 37446		2. Exact name of the Corporation HAVEN BROS. DINER, INC.			
3. Principal Office Address 72 Spruce Street			City Providence	State RI	Zip 02903
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Ownership and management of real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Saverio B. Giusti			Vice-President Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 35 Abbott Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name David Giusti			Treasurer Name Saverio B. Giusti		
Street Address 109 Hines Farm Road			Street Address 109 Hines Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Saverio B. Giusti			Director Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 35 Abbott Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
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
			100		Common
			PAR VALUE		No Par
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 Saverio B. Giusti					Date ✓ 1/28/21
Signature of Authorized Representative <i>Saverio B. Giusti</i>					FILED

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

FEB 04 2021

KM

BY 234