



State of Rhode Island
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.

FILED
FEB 05 2021
 BY Miles **STAMP**

1. Entity ID Number 000832750		2. Exact name of the Corporation Family Dinning Restaurants, Inc			
3. Principal Office Address 1800 Post Rd 17G, Airport Plaza			City Warwick	State RI	Zip 02886
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FOOD SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Edward A Carosi			Vice-President Name Edward R Carosi		
Street Address 77 Wydham Ave			Street Address 35 Rankin Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			80,000	STK	.01
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>Edward A Carosi</u>				Date <u>1/28/21</u>	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov