RI SOS Filing Number: 202191837740 Date: 2/16/2021 4:00:00 PM

(62)

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.

PEB 16 2021 6	<u> </u>

1. Entity ID Number	2 Exact pag	ne of the Corporation	n			<u> </u>		
146516	NERO ENTERPRISES, INC.							
	MENO E	——————————————————————————————————————				T=-		
3. Principal Office Address		City		State	Zip			
235 PROMENADE STREET, SUITE 100		PROVIDEI	NCE	RI	02908			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
722513	TO ENGAGE IN FOOD AND BEVERAGE SERVICE.							
5. State of Incorporation	<b>-1</b>							
RHODE ISLAND								
7. List ALL officers (names and a	ddresses)		<del></del> -	Check	the boy to i	ndicate an attachment D		
President Name KEVIN NERO	ist ALL officers (names and addresses)  Check the box to indicate an att							
				KEVIN NEKO				
Street Address 235 PROMENADE STREET, SUITE 100			Street Addre	Street Address SAME				
City PROVIDENCE	State RI	<sup>Zip</sup> 02908	City		State	Zip		
Secretary Name KEVIN NERO	Trea			Treasurer Name KEVIN NERO				
Street Address SAME		Street Address SAME						
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment		
Director Name  KEVIN NERO  Director Name								
Street Address SAME			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10 Shares les	10. Shares Issued		Check the box to indicate an attachment			
This information is currently of rec	ord in the	NUMBER O		CLASS/SERIES PAR VALUE		D4 D 1 (4) 1 1 5		
Department of State.		1000		COMMON		\$1.00		
Changes require an additional filing.								
11. This report must be executed	on behalf of the	comoration by an s	authorized repre	I	oration is in	the hands of a receiver or		
trustee, this report must be execu	ited on behalf o	f 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 , ,								
KEVIN NERO, PRESIDENT  1  1  1  1  1  1  1  1  1  1  1  1  1								
Signature of Authorized Representative  Jensign Docume T. 1585								
The state of the s								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov