



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.

FILED

FEB 22 2021

BY *[Signature]*

| | | | | | |
|--|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 000683004 | | 2. Exact name of the Corporation The Cary Corporation | | | |
| 3. Principal Office Address 4 Lyndon Street | | | City Warren | State RI | Zip 02885 |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island Full-service restaurant including liquor license | | | |
| 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 Amy M. Cary | | | Vice-President Name Joel A. Cary | | |
| Street Address 4 Lyndon Street | | | Street Address 4 Lyndon Street | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| Secretary Name Amy M. Cary | | | Treasurer Name Joel A. Cary | | |
| Street Address 4 Lyndon Street | | | Street Address 4 Lyndon Street | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | 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 <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 | | |
| | | | | | |
| | | | | | |
| 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 2/17/21 |
| Signature of Authorized Representative <i>Amy M. Cary</i> | | | | | SIGN DOCUMENT HERE |

MAIL TO:
Division of Business Services
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