



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

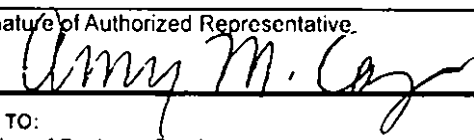
Annual Report for the year: **2021**
Corporation

- 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 

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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align: center;">1,000</td> <td style="text-align: center;">Common Stock</td> <td style="text-align: center;">\$0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common Stock	\$0.01			
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1,000	Common Stock	\$0.01												
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				Date 2/17/21										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

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