RI SOS Filing Number: 202193464430 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 01 2021
BY 10576

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	2. Exact name of the Corporation			
849398	Corner Bistro, Inc.			
3. Principal Office Address		City	State	Zip
1115 Hartford Pike		Scituate	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	Restaurant			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Karen Marcello			Robert Gaudiana		
Street Address			Street Address		
84 Dark Lantern Hill Rd			84 Dark Lantern Hill Rd		
City / State / Zip			City / State / Zip		
Danielson	CT	06239	Danielson	CT	06239
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		
Karen Marcello			N/A		
Street Address			Street Address		
84 Dark Lantern Hill Rd					
City / State / Zip			City / State / Zip		
Danielson	CT	06239			
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	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	Date
Karen Marcello	2-25-21

Signature of Authorized Representative: Karen Marcello

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