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
MAR 01 2021
BY

1. Entity ID Number	2. Exact name of the Corporation
1663108	Tony's House of Seafood, Inc.

3. Principal Office Address	City	State	Zip
227 Post Road	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513 d	To own and operate a seafood and fast food restaurant

5. State of Incorporation: Rhode Island

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

President Name: Paulina Reves	Vice-President Name:
Street Address: 199 WEST REACH DRIVE	Street Address:
City: Jamestown State: RI Zip: 02835	City: State: Zip:
Secretary Name: Paulina Reves	Treasurer Name: Paulina Reves
Street Address: 199 WEST REACH DRIVE	Street Address: 199 WEST REACH DRIVE
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	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
Paulina Reves	2/24/21

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

FORM 630 - Revised: 10/2016