



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.

STAMPFOR
SECRETARY OF STATE
USE ONLYRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 63177		2. Exact name of the Corporation Davenport's Family Restaurant, Inc 2021 MAR -9 A 8: 50			
3. Principal Office Address 1070 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island OPERATION OF FAMILY STYLE RESTAURANT			
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 Gregg P. Davenport			Vice-President Name		
Street Address 1070 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
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 <input type="checkbox"/>					
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 <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 Gregg P. Davenport					Date February 24, 2021
Signature of Authorized Representative <i>Gregg P. Davenport</i>					

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

FILED
SIGN DOCUMENT HERE
MAR 9 2021
BY *[Signature]* MCW41
8:50

FORM 630 - Revised: 10/2017