



State of Rhode Island

## 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.

MAR 09 2021

BY

|  |             |   |   |                  |              |
|--|-------------|---|---|------------------|--------------|
| 1. Entity ID Number<br>001714712   |             | 2. Exact name of the Corporation<br>RL Flounders Inc  |   |                  |              |
| 3. Principal Office Address<br>90 POTTERSVILLE RD  |             |   | City<br>LITTLE COMPTON  | State<br>RI      | Zip<br>02837 |
| 4. NAICS Code<br>722511  |             | 6. Brief description of the character of business conducted in Rhode Island<br>FULL SERVICE RESTURANT |   |                  |              |
| 5. State of Incorporation<br>RHODE ISLAND  |             |   |   |                  |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |                  |              |
| President Name<br>LORI ELSLIE  |             |   | Vice-President Name<br>ROGER WILKIE   |                  |              |
| Street Address<br>7 STONEYBROOK DRIVE  |             |   | Street Address<br>77 MEETING HOUSE LANE   |                  |              |
| City<br>LITTLE COMPTON   | State<br>RI | Zip<br>02837  | City<br>LITTLE COMPTON  | State<br>RI      | Zip<br>02837 |
| Secretary Name<br>ROGER WILKIE   |             |   | Treasurer Name<br>LORI ELSLIE   |                  |              |
| Street Address<br>77 MEETING HOUSE LANE  |             |   | Street Address<br>7 STONEYBROOK DRIVE   |                  |              |
| City<br>LITTLE COMPTON   | State<br>RI | Zip<br>02837  | City<br>LITTLE COMPTON  | State<br>RI      | Zip<br>02837 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |                  |              |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                  |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             |   | NUMBER OF SHARES  |                  |              |
|  |             |   | CLASS/SERIES  |                  |              |
|  |             |   | 1000  | CNP              | .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.<br><b>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.</b> |             |   |   |                  |              |
| Name of Authorized Representative<br>LORI ELSLIE   |             |   |   | Date<br>3/3/2021 |              |
| Signature of Authorized Representative<br>Lori Elsie   |             |   |   |                  |              |