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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 17 2021
BY A 503

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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		
62287	Crossroads Restaurant, Corp.		
3. Principal Office Address	City	State	Zip
133 Market Street	Warren	RI	02885
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	Full Service Restaurant; Title: 7-1.1-51		
5. State of Incorporation			
RI			

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

President Name: John T. Loughlin			Vice-President Name: John T. Loughlin		
Street Address: 93 Terrace Avenue			Street Address: 93 Terrace Avenue		
City: East Providence	State: RI	Zip: 02915	City: East Providence	State: RI	Zip: 02915
Secretary Name: John T. Loughlin			Treasurer Name: John T. Loughlin		
Street Address: 93 Terrace Avenue			Street Address: 93 Terrace Avenue		
City: East Providence	State: RI	Zip: 02915	City: East Providence	State: RI	Zip: 02915

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

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
Issued Shares - 300	Common	No Par Value
Auth'd Shares - 500	Common	No 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	Date
John T. Loughlin	2/21/21

Signature of Authorized Representative: John T. Loughlin

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: 08/2020