



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation** \_\_\_\_\_

RECEIVED  
 RI DEPT. OF STATE  
 BUSINESS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2021 MAR 31 A 8:31

1. Entity ID Number 00104561		2. Exact name of the Corporation GEOFF'S RESTAURANT, INC			
3. Principal Office Address 401 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island To engage in providing retail food and beverage services, including but limited to the ownership.			
5. State of Incorporation 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 Julio Fonseca			Vice-President Name Julio Fonseca		
Street Address 102 Burnside Avenue			Street Address 102 Burnside Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Julio Fonseca			Treasurer Name		
Street Address 102 Burnside Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Julio Fonseca			Director Name		
Street Address 102 Burnside Avenue			Street Address		
City Seekonk	State MA	Zip 02771	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					None
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.					
<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 Julio Fonseca					Date 3-15-21
Signature of Authorized Representative Julio Fonseca					<b>FILED</b>

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

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