



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 31 2021

BY

1 Entity ID Number 886610		2 Exact name of the Corporation R & R Enterprises Inc.			
3 Principal Office Address 291 Providence Street			City West Warwick	State RI	Zip 02893
4 NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island To own and operate a restaurant.			
5. State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Roger Carlson			Vice-President Name		
Street Address 152 Pawtuxet Terrace			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Roger Carlson			Treasurer Name Roger Carlson		
Street Address 152 Pawtuxet Terrace			Street Address 152 Pawtuxet Terrace		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 ☐		
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 Roger Carlson, President					Date 3/29/21
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: 10/2017