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State of Rhode Island
Department of State - Business Services Division

FILED
APR 29 2021
BY

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		
16811	Weiner Genie, Inc.		
3. Principal Office Address	City	State	Zip
80 Higginson Avenue	Lincoln	RI	02865
4. NAICS Code: 722111	6. Brief description of the character of business conducted in Rhode Island: Restaurant selling food.		
5. State of Incorporation: Rhode Island			

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

President Name: Denise F. Xiarhos			Vice-President Name: Denise F. Xiarhos		
Street Address: 80 Higginson Avenue			Street Address: 80 Higginson Avenue		
City: Lincoln	State: RI	Zip: 02865	City: Lincoln	State: RI	Zip: 02865
Secretary Name: Denise F. Xiarhos			Treasurer Name: Denise F. Xiarhos		
Street Address: 80 Higginson Avenue			Street Address: 80 Higginson Avenue		
City: Lincoln	State: RI	Zip: 02865	City: Lincoln	State: RI	Zip: 02865

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

Director Name: Denise F. Xiarhos			Director Name		
Street Address: 80 Higginson Avenue			Street Address		
City: Lincoln	State: RI	Zip: 02865	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par

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
Denise F. Xiarhos	04/20/2021

Signature of Authorized Representative: Denise F. Xiarhos

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