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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

MAY 10 2021

BY 1109

1. Entity ID Number 694266		2. Exact name of the Corporation The Original Gentlemen Farmer Restaurant, Inc.			
3. Principal Office Address 2405 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To conduct business of a restaurant.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Metaxia Zarokostas			Vice-President Name Scott Chase		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Scott Chase			Treasurer Name Metaxia Zarokostas		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Scott Chase			Director Name Metaxia Zarokostas		
Street Address 2405 Nooseneck Hill Road			Street Address 2405 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Metaxia Zarokostas					Date
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