State of Rhode Island
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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -7 P 4:28

1. Entity ID Number	2. Exact name of the Corporation			
001679225	ALANIS BISTRO INC			
3. Principal Office Address		City	State	Zip
11 waterman AVE		CRANSTON	R.I	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
725111	Restaurant			
5. State of Incorporation				
R.I				

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

President Name			Vice-President Name		
Amy FARES			Amy Fares		
Street Address			Street Address		
11 waterman AVE			11 WaterMan AVE		
City	State	Zip	City	State	Zip
CRANSTON	R.I	02910	CRANSTON	R.I	02910
Secretary Name			Treasurer Name		
Amy FARES			Amy FARES		
Street Address			Street Address		
11 waterMan AVE			11 WaterMan AVE		
City	State	Zip	City	State	Zip
CRANSTON	R.I	02910	CRANSTON	R.I	02910

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		$1.00

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
Amy FARES	

Signature of Authorized Representative: Amy

FILED
JUN 07 2021
BY XSCUP

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