RI SOS Filing Number: 202101027210 Date: 9/7/2021 11:36:00 AM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP -7 A 11:35

1. Entity ID Number	2. Exact name of the Corporation		
0000416664	TAV-VINO, INC.		
3. Principal Office Address	City	State	Zip
54 Gibson Rd	BRISTOL	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	RESTAURANT		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
paul bullock	Paul Bullock
Street Address: 54 Gibson Rd	Street Address: 54 Gibson Rd
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809
Secretary Name	**Treasurer Name**
Paul Bullock	Paul bullock
Street Address: 54 Gibson Rd	Street Address: 54 Gibson Rd
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809

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

Director Name	Director Name
None	NONE
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.	2,000	STK	0.00

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
PAUL BULLOCK	9/5/12
Signature of Authorized Representative	
paul bullock	**FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

SEP 07 2021 11:36
KL FTB9S