



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT 14 PM 12:53

- 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 001685431		2. Exact name of the Corporation Tavern on the lake, Inc			
3. Principal Office Address 446 Tiogue Ave		City Coventry		State RI	Zip 02816
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Full service Restaurant with food and Beverage service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Stornaras			Vice-President Name John Stornaras		
Street Address 446 Tiogue Ave			Street Address 446 Tiogue Ave 446 Tiogue Ave		
City Coventry		State RI	Zip 02816	City Coventry	
State RI		Zip 02816		State RI	
Zip 02816		City Coventry			
Secretary Name John Stornaras			Treasurer Name John Stornaras		
Street Address 446 Tiogue Ave			Street Address 446 Tiogue Ave		
City Coventry		State RI	Zip 02816	City Coventry	
State RI		Zip 02816		State RI	
Zip 02816		City Coventry			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	CNP	0
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 [Signature]					Date 8/20/21
Signature of Authorized Representative John Stornaras					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

OCT 14 2021
BY **[Signature]** ET 705
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