



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.

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 BUSINESS DIV

2021 NOV 26 PM 2:19

1. Entity ID Number 001670840		2. Exact name of the Corporation Localz, Inc.												
3. Principal Office Address 50 Caribou Way			City Tiverton	State RI	Zip 02878									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name KEVIN AMES			Vice-President Name											
Street Address 50 Caribou Way			Street Address											
City Tiverton	State RI	Zip 02878	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name KEVIN AMES			Director Name											
Street Address 50 Caribou Way			Street Address											
City Tiverton	State RI	Zip 02878	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	None			
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1,000	Common	None												
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 William J. Davis Esq. corp counsel				Date 10-21-2021										
Signature of Authorized Representative 														

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