



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

MAR 23 2022

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Annual Report for the year: 2022  
 Corporation

- 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 <b>61114</b>		2. Exact name of the Corporation <b>Middletown Subway, Inc.</b>			
3. Principal Office Address <b>235 West Main Rd</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>3316999</b> <small>sd</small>		6. Brief description of the character of business conducted in Rhode Island <b>retail sales of food and beverages</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kenneth Byam</b>			Vice-President Name		
Street Address <b>135 Gossett's Turn Dr</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>Amanda Byam</b>			Treasurer Name <b>Sarah Byam</b>		
Street Address <b>135 Gossett's Turn Dr</b>			Street Address <b>135 Gossett's Turn Dr</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kenneth Byam</b>			Director Name		
Street Address <b>135 Gossett's Turn Dr</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Director Name <b>Amanda Byam</b>			Director Name <b>Sarah Byam</b>		
Street Address <b>135 Gossett's Turn Dr</b>			Street Address <b>135 Gossett's Turn Dr</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		<b>1000</b>		<b>common</b>	<b>no par value</b>
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. <b>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.</b>					
Name of Authorized Representative <i>Ken Byam</i>				Date <b>3-21-22</b>	
Signature of Authorized Representative <i>Ken Byam</i>				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