



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

MAR 23 2022

40889 *or*

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