



State of Rhode Island
Department of State - Business Services Division

AUG 01 2022
 1489 *[Signature]*

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001659797		2. Exact name of the Corporation Winner, Winner, Inc.			
3. Principal Office Address 58 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island The ownership and operation of a restaurant			
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 Stephen Yerger			Vice-President Name Chad Hoffer		
Street Address 58 Aquidneck Avenue			Street Address 58 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Tyler Burnley			Treasurer Name Anna Burnley		
Street Address 58 Aquidneck Avenue			Street Address 58 Aquidneck Avenue		
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 Stephen Yerger			Director Name Chad Hoffer		
Street Address 58 Aquidneck Avenue			Street Address 58 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Tyler Burnley			Director Name Anna Burnley		
Street Address 58 Aquidneck Avenue			Street Address 58 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02840
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	PAR VALUE
		200		Common	\$.01 Par
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 Anna Burnley					Date 7-26-22
Signature of Authorized Representative <i>[Signature]</i>					

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