



State of Rhode Island

Department of State - Business Services Division

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.

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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 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 <input type="checkbox"/>			
		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. <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 Anna Burnley					Date 7-26-22
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021