



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.

RI DEPT OF STATE  
BUS SVCS DIV

2023 JAN -3 AM 11:00

1. Entity ID Number <b>18661</b>		2. Exact name of the Corporation <b>LE MOULIN ROUGE, INC.</b>			
3. Principal Office Address <b>1403 MAIN ROAD</b>			City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</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>MARCEL DAQUAY</b>			Vice-President Name <b>MARCEL DAQUAY</b>		
Street Address <b>1403 MAIN ROAD</b>			Street Address <b>1403 MAIN ROAD</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>MARCEL DAQUAY</b>			Treasurer Name <b>MARCEL DAQUAY</b>		
Street Address <b>1403 MAIN ROAD</b>			Street Address <b>1403 MAIN ROAD</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</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>MARCEL DAQUAY</b>			Director Name		
Street Address <b>1403 MAIN ROAD</b>			Street Address		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>50</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</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 <b>MARCEL DAQUAY, PRESIDENT</b>				Date <b>12/01/2022</b>	
Signature of Authorized Representative 					

FILED

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

JAN 03 2023

BY

HOGMC  
1/10/23

FORM 630 - Revised: 11/2021