



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.

R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 JAN -3 AM 11:00

1. Entity ID Number 18661		2. Exact name of the Corporation LE MOULIN ROUGE, INC.			
3. Principal Office Address 1403 MAIN ROAD		City TIVERTON		State RI	Zip 02878
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 MARCEL DAQUAY		Vice-President Name MARCEL DAQUAY			
Street Address 1403 MAIN ROAD		Street Address 1403 MAIN ROAD			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name MARCEL DAQUAY		Treasurer Name MARCEL DAQUAY			
Street Address 1403 MAIN ROAD		Street Address 1403 MAIN ROAD			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARCEL DAQUAY		Director Name			
Street Address 1403 MAIN ROAD		Street Address			
City TIVERTON	State RI	Zip 02878	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 Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 50	CLASS/SERIES Common	PAR VALUE No 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 MARCEL DAQUAY, PRESIDENT				Date 12/01/2022	
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

11:02 AM

FORM 630 - Revised: 11/2021