



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2023
Corporation

2023 JAN -9 PM 2:34

- 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 000018097		2. Exact name of the Corporation Phenix Square Restaurant, Inc.			
3. Principal Office Address 9 Pleasant Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To conduct restaurant activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brenda Langlais			Vice-President Name Brenda Langlais		
Street Address 9 Pleasant Street			Street Address 9 Pleasant Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Brenda Langlais			Treasurer Name Brenda Langlais		
Street Address 9 Pleasant Street			Street Address 9 Pleasant Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brenda Langlais			Director Name		
Street Address 9 Pleasant Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	CNP	\$0.00
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 Brenda Langlais					Date 01/03/2023
Signature of Authorized Representative <i>Brenda Langlais</i>					

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

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