RI SOS Filing Number: 202328479780 Date: 2/15/2023 1:34:00 PM

State of Rhode Island

Annual Report for the year	r: 201	77			17 . O.C.	43.07.59
Corporation			RUGEIVED RULDEPTLOF STATE BUS SYCE DIV			
Filing period: February 1 - May 1					BUS SY	OS DIV
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			2023 FEB 15 PM 1: 33			
Entity ID Number	2. Exact name o	of the Corporation				
061667683	_ DinK	ar Hospit	ality Con	18		; <u>-</u>
3. Principal Office Address	<u> </u>	•	City		State	Zip
109 Washington	74		Foxbor	0	Ma	02035
4. NAICS Code	6. Brief descript	ion of the characte	r of business condu	icted in Rhode Is	land	
	mole	}				
5. State of Incorporation	7'10 JE	1				
7. List ALL officers (names and addre	esses)			Check t	he box to indica	ate an attachment
President Name Tank Pale			Vice-President Nam	" VIVIK	Potel	
Street Address 900 Washington 51			Street Address 105 Washington 51			
city Wrentham	State Ma	Zip 02093	City Foxhor	0	State MG	2ip 02035
Secretary Name			Treasurer Name		<u>, </u>	
Street Address	.		Street Address		 	<u></u> <u>-</u>
City	State	Zıp	City		State	Zip
8. List ALL directors (names and add	resses)			Check t	he box to indicate	ate an attachment
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address	Street Address					
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue		Chock	he hay to indic	ate an attachment
This information is currently of record in the			S Issued Check the box to indicate an attachment BER OF SHARES CLASS/SERIES PAR VALUE CLASS/SERIES PAR VALUE			
Department of State.		200,000				D
Changes require an additional filing.						
11. This report must be executed on					ration is in the h	nands of a receiver
trustee, this report must be executed						dulan and
Under penalty of perjury, I declare statements, and that all statement	i and amirm tha Is contained he	ici nave examined Trein are true and	i unis report, inclui correct.	oing any accom	panying sched	ovies and
Name of Authorized Representative	1 ()	0 ,	2/1		Date))

Signature of Authorized Representative

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAIL TO:

FB 15 2023 A.T.

FILED

FORM 630 - Revised: 11/2021