



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED ⁷ STAMP

FEB 14 2023

BY 18939

1. Entity ID Number 000000140		2. Exact name of the Corporation ARTHUR'S SOCIAL CATERING, INC.												
3. Principal Office Address 1365 Main Street			City West Warwick	State RI	Zip 02893									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island restaurant/food service												
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 Arthur J. Brown			Vice-President Name N/A											
Street Address 14 Leighas Lane			Street Address											
City Coventry	State RI	Zip 02816	City	State	Zip									
Secretary Name Arthur J. Brown			Treasurer Name Arthur J. Brown											
Street Address same as above			Street Address same as above											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>none</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	none			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	common	none												
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 Arthur J. Brown, President				Date 2-2, 2023										
Signature of Authorized Representative <i>Arthur J. Brown Pres.</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov