



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

MAR 01 2023 STAMP

BY 12550

FJ

1. Entity ID Number 000092980		2. Exact name of the Corporation LAUREL FOOD AND BEVERAGE, INC.			
3. Principal Office Address 309 Laurel Lane		City West Kingston		State RI	Zip 02892
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island Own and operate a retail food and beverage facility.			
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 Joseph Videtta			Vice-President Name Ellen Videtta		
Street Address 309 Laurel Lane			Street Address 309 Laurel Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Joseph Videtta			Treasurer Name Joseph Videtta		
Street Address 309 Laurel Lane			Street Address 309 Laurel Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	No Par Value
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 Joseph Videtta					Date 2/20/23
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 620 - Revised: 11/2021