RI SOS Filing Number: 202331301210 Date: 3/15/2023 4:00:00 PM

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.

MAR 15 2023 STAMP
23632

1. Entity ID Number	2. Exact name of the Corporation		
74959	Emery Dining, Inc.		
3. Principal Office Address	City	State	Zip
151 Fountain Street	Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	To own, manage and operate a banquet hall and related facilities.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David Emery			Vice-President Name: Robert Emery		
Street Address: 151 Fountain Street			Street Address: 151 Fountain Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: David Emery			Treasurer Name: Donna Rowey		
Street Address: 151 Fountain Street			Street Address: 151 Fountain Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert Emery			Director Name: Donna Rowey		
Street Address: 151 Fountain Street			Street Address: 151 Fountain Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name: David Emery			Director Name:		
Street Address: 151 Fountain Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City:	State:	Zip:

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
225	Common	No

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	Date
Donna Rowey	3/11/23

Signature of Authorized Representative: Donna Rowey

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023