



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.

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RI DEPT. OF STATE  
BUS SVCS DIV

2023 MAR 24 A 10:09

1. Entity ID Number <u>1747829</u>		2. Exact name of the Corporation <u>The Square Corporation</u>	
3. Principal Office Address <u>489 Main St</u>		City <u>Warren</u>	State <u>RI</u>
Zip <u>02885</u>			
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Bar / Food</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Amy M. Cary</u>		Vice-President Name	
Street Address <u>4 Lyndon St</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>0</u>
		PAR VALUE <u>0</u>	
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. <b>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.</b>			
Name of Authorized Representative <u>Amy M. Cary</u>		Date <u>3/24/23</u>	
Signature of Authorized Representative <u>[Signature]</u>		<b>FILED</b>	