



Department of State - Business Services Division

FILED

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.

APR 03 2023  
BY US3  
OB

1. Entity ID Number 001714712		2. Exact name of the Corporation RL FLOUNDERS, INC.	
3. Principal Office Address 90 POTTERSVILLE RD.		City LITTLE COMPTON	State RI
		Zip 02837	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name LORI ELMSLIE		Vice-President Name ROGER WILKIE, JR.	
Street Address 7 STONEYBROOK DRIVE		Street Address 77 MEETING HOUSE LANE	
City LITTLE COMPTON	State RI	City LITTLE COMPTON	State RI
Zip 02837		Zip 02837	
Secretary Name ROGER WILKIE, JR.		Treasurer Name LORI ELMSLIE	
Street Address 77 MEETING HOUSE LANE		Street Address 7 STONEYBROOK DRIVE	
City LITTLE COMPTON	State RI	City LITTLE COMPTON	State RI
Zip 02837		Zip 02837	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		1000	CNP
			.01
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 ROGER WILKIE, JR.		Date 03/07/2023	
Signature of Authorized Representative 			