



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.

APR 20 2023 STAMP
34900
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000090327		2. Exact name of the Corporation S & D Resturant												
3. Principal Office Address 76 South Main Street			City Providence	State RI	Zip 02903									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Resturant												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Steven Davenport			Vice-President Name											
Street Address 593 Gardner Road			Street Address											
City Exeter	State RI	Zip 02822	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
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 Steven Davenport			Director Name											
Street Address 593 Gardner Road			Street Address											
City Exeter	State RI	Zip 02822	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</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	300	common	none			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
300	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 Steven Davenport				Date February 8, 2022										
Signature of Authorized Representative														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov