



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 | | | 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 | | 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
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