



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

90738



SCANNED

3/19/23

| | | | | | |
|--|-----------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number 000072915 | | 2. Exact name of the Corporation Stadium Fish & Chip, Inc. | | | |
| 3. Principal Office Address 1079 Park Avenue | | | City Cranston | State RI | Zip 02910 |
| 4. NAICS Code 722310 | | 6. Brief description of the character of business conducted in Rhode Island Preparation & Retail Sales Fish & Chips & Related Items | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Gary S. Wood | | | Vice-President Name Monique I. Wood | | |
| Street Address 231 West Greenville Road | | | Street Address 231 West Greenville Road | | |
| City No. Scituate | State RI | Zip 02857 | City No. Scituate | State RI | Zip 02857 |
| Secretary Name Monique I. Wood | | | Treasurer Name Gary S. Wood | | |
| Street Address 231 West Greenville Road | | | Street Address 231 West Greenville Road | | |
| City No. Scituate | State RI | Zip 02857 | City No. Scituate | State RI | Zip 02857 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Gary S. Wood | | | Director Name Monique I. Wood | | |
| Street Address 231 West Greenville Road | | | Street Address 231 West Greenville Road | | |
| City No. Scituate | State RI | Zip 02587 | City No. Scituate | State RI | Zip 02587 |
| 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 | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | 500 | | |
| | | | COMMON | | |
| | | | NO PAR VALUE | | |
| 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 Gary S. Wood, President | | | | | Date 4-18-2023 |
| Signature of Authorized Representative <i>Gary S. Wood</i> | | | | | |

MAIL TO:

Division of Business Services
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