



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 25 2023

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1. Entity ID Number 694266		2. Exact name of the Corporation The Original Gentlemen Farmer Restaurant, Inc	
3. Principal Office Address 2405 Nooseneck Hill Road		City Coventry	State RI
		Zip 02816	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island To conduct business of a restaurant		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Metaxia Zarokostas		Vice-President Name Scott Chase	
Street Address 2405 Nooseneck Hill Road		Street Address 2405 Nooseneck Hill Road	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Scott Chase		Treasurer Name Metaxia Zarokostas	
Street Address 2405 Nooseneck Hill Road		Street Address 2405 Nooseneck Hill Road	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Metaxia Zarokotas		Director Name Scott Chase	
Street Address 2405 Nooseneck Hill Road		Street Address 2405 Nooseneck Hill Road	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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
		100	common
		PAR VALUE	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 		Date 4-19-2023	
Signature of Authorized Representative			

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov