



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 26 2023 STAMP

270

1. Entity ID Number <u>01745058</u>		2. Exact name of the Corporation Bistro Paris, Inc.			
3. Principal Office Address 1403 Main Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island restaurant business				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Marcel L. Daquay			Vice-President Name		
Street Address 2201 East Main Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name April Daquay			Treasurer Name Philip Daquay		
Street Address 1403 Main Road			Street Address 1403 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Marcel L. Daquay			Director Name April Daquay		
Street Address 2201 East Main Road			Street Address 1403 Main Road		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Philip Daquay			Director Name		
Street Address 1403 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5,000	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 Marcel L. Daquay				Date 4/9/2023	
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

FORM 630 - Revised: 2/2023