



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

Stamp
 JUN 22 2023
 BY 4738
KS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 37446		2. Exact name of the Corporation HAVEN BROS. DINER, INC.			
3. Principal Office Address 72 Spruce Street			City Providence	State RI	Zip 02903
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Ownership and management of real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Saverio B. Giusti			Vice-President Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 22 Red Robin Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Saverio I. Giusti			Treasurer Name Saverio B. Giusti		
Street Address 22 Red Robin Road			Street Address 109 Hines Farm Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Saverio B. Giusti			Director Name Saverio I. Giusti		
Street Address 109 Hines Farm Road			Street Address 22 Red Robin Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Saverio B. Giusti				Date 6.19.2023	
Signature of Authorized Representative <i>Saverio B. Giusti</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov