



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 AUG 22 P 2:57

1. Entity ID Number 00009320		2. Exact name of the Corporation SCITUATE FAMOUS INC.			
3. Principal Office Address 92 HARTFORD PIKE			City SCITUATE	State RI	Zip 02857
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 <input type="checkbox"/>					
President Name JOHN P. LANG			Vice-President Name JOHN P. LANG		
Street Address 793 DANIELSON PIKE			Street Address 793 DANIELSON PIKE		
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857
Secretary Name JOHN P. LANG			Treasurer Name JOHN P. LANG		
Street Address 793 DANIELSON PIKE			Street Address 793 DANIELSON PIKE		
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address NONE			Street Address NONE		
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 500		
			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 JOHN P. LANG					Date 8-22-23
Signature of Authorized Representative 					FILED

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

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