

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

SEP 20 2023

BY

1. Entity ID Number 000553376		2. Exact name of the Corporation K & V RESTAURANT GROUP, INC			
3. Principal Office Address 65 FOUNDERS DR			City WOONSOCKET		State RI
			Zip 02895		
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name KALLIOPE RAMOS			Vice-President Name		
Street Address 1 CENTRE AVENUE			Street Address		
City DORCHESTER	State MA	Zip 02124	City	State	Zip
Secretary Name KALLIOPE RAMOS			Treasurer Name KALLIOPE RAMOS		
Street Address 1 CENTRE AVENUE			Street Address 1 CENTRE AVENUE		
City DORCHESTER	State MA	Zip 02124	City DORCHESTER	State MA	Zip 02124
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name KALLIOPE RAMOS			Director Name		
Street Address 1 CENTRE AVENUE			Street Address		
City DORCHESTER	State MA	Zip 02124	City	State	Zip
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES COMMON		
			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 KALLIOPE A RAMOS					Date: 9-7-23

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov