



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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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BUS SVCS DIV

2023 OCT 23 P 2:41

1. Entity ID Number 000041664		2. Exact name of the Corporation TAV-VINO, INC.			
3. Principal Office Address 54 GIBSON ROAD			City Bristol	State RI	Zip 02809
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT TITLE: 7-1.1-51			
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 PAUL D BULLOCK			Vice-President Name PAUL D BULLOCK		
Street Address 54 GIBSON ROAD			Street Address 54 GIBSON ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name PAUL D BULLOCK			Treasurer Name PAUL D BULLOCK		
Street Address 54 GIBSON ROAD			Street Address 54 GIBSON ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	STK	0.00
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. <b>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.</b>					
Name of Authorized Representative PAUL BULLOCK					Date 10/23/2023
Signature of Authorized Representative <i>Paul Bullock</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

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