



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.

ST. 01
FEB 06 2024
170

1. Entity ID Number 37446		2. Exact name of the Corporation HAVEN BROS. Diner			
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 Patrizia Prew			Vice-President Name Saverio B. Giusti		
Street Address 72 Spruce Street			Street Address 72 Spruce Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Patrizia Prew			Treasurer Name Patrizia Prew		
Street Address 72 Spruce Street			Street Address 72 Spruce Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Patrizia Prew			Director Name Saverio B. Giusti		
Street Address 72 Spruce Street			Street Address 72 Spruce Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		100	Common	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 Patrizia Prew				Date 2.2.24	
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