



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.

FILED

FEB 15 2024

BY

110813

1. Entity ID Number 000120726		2. Exact name of the Corporation Eli's Restaurant, Inc.	
3. Principal Office Address Chapel Street, PO Box 15881		City Block Island	State RI
		Zip 02807	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Restaurant		
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 Bradford G. Marthens		Vice-President Name Rosemary Tobin	
Street Address PO Box 1788		Street Address PO Box 82	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Anne C. Marthens		Treasurer Name	
Street Address PO Box 1788		Street Address	
City Block Island	State RI	City	State
Zip 02807		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bradford G. Marthens		Director Name Rosemary Tobin	
Street Address PO Box 1788		Street Address PO Box 82	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Director Name Anne C. Marthens		Director Name	
Street Address PO Box 1788		Street Address	
City Block Island	State RI	City	State
Zip 02807		Zip	
9. Shares Authorized 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	CLASS/SERIES
		100	Common
			\$1.00 par val
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 Bradford G. Marthens		Date 2.12.24	
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

FORM 630- Revised: 04/2023