

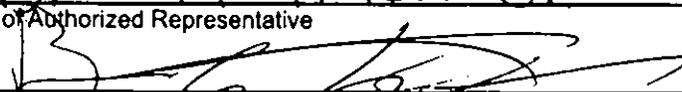


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 29 AM 10:52

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.

1. Entity ID Number <u>97289</u>		2. Exact name of the Corporation <u>Poppy's Family Restaurant, Inc.</u>			
3. Principal Office Address <u>3344 Mendon Rd.</u>		City <u>Cumberland</u>		State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Breakfast and Lunch Restaurant</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Bruce A. Altieri, Sr.</u>			Vice-President Name <u>Kimberly A. Altieri</u>		
Street Address <u>3 Norton Drive</u>			Street Address <u>3 Norton Drive</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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	CLASS/SERIES	PAR VALUE	
		<u>100.00</u>	<u>CNP</u>	<u>\$0.00</u>	
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 <u>Bruce A. Altieri, Sr.</u>				Date <u>2/29/24</u>	
Signature of Authorized Representative 				M3 FILED /SL FEB 29 2024 BY <u>R6ZHD</u>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov