RI SOS Filing Number: 202448293460 Date: 3/7/2024 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 07 2024 STAMP
BY 1249 FOR DS

Annual Report for the year: 2024
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000033668	**East Avenue Modern Diner, Inc.**			
3. Principal Office Address		City	State	Zip
364 East Avenue		**Pawtucket**	**RI**	**02860**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	**The operation of a restaurant.**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Nicholas Demou**			Vice-President Name **Stacey Aguiar**		
Street Address **364 East Avenue**			Street Address **364 East Avenue**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**
Secretary Name **Stacey Aguiar**			Treasurer Name **Nicholas Demou**		
Street Address **364 East Avenue**			Street Address **364 East Avenue**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Nicholas Demou**			Director Name **Stacey Aguiar**		
Street Address **364 East Avenue**			Street Address **364 East Avenue**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	**Common**	**No 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	Date
Nicholas Demou, President	2-14-2024

Signature of Authorized Representative — SIGN DOCUMENT HERE

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: 10/2017