

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILE
MAR 07 2024 STAMP BY 1349 508

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000033668		East Avenue Modern Diner, Inc.					
3. Principal Office Address			City	City		Zip	
364 East Avenue			Pawtucket	t	RI	02860	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
722511	The operat	The operation of a restaurant.					
State of Incorporation Rhode Island	_						
7. List ALL officers (names and	addresses)			Check	the box to ir	ndicate an attachment 🔲	
President Name Nicholas Demou			Vice-President Name Stacey Aguiar				
Street Address 364 East Avenu	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 an	d addresses)	·	1	Chec	k the box to in	ndicate 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		10. Shares Is	10. Shares Issued Check the box to indicate an attachmen				
This information is currently of record in the			NUMBER OF SHARES		ASS/SERIES PAR VALUE		
Department of State.		400	400		Common		
Changes require an additional fi	ling.				*		
11. This report must be execute	ed on behalf of the	corporation by an	authorized repr	esentative. If the corp	oration is in t	the hands of a receiver or	
trustee, this report must be exe						-b-d-l	
Under penalty of perjury, I de statements, and that all state				including any acco	mpanying se	cnequies and	
Name of Authorized Representative . Date							
Nicholas Demou, President 2-14-2							
Signature of Authorized Repres	•	SIGN DO	CUMENT HER	E			
MACHEL	/~	2.2					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov