



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**

MAR 12 2024

BY 23004  
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1. Entity ID Number <b>1720242</b>		2. Exact name of the Corporation <b>HASH ON MAIN, INC.</b>											
3. Principal Office Address <b>656 MAIN STREET</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>									
4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>LIMITED SERVICE RESTAURANT</b>												
5. State of Incorporation <b>RHODE ISLAND</b>													
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
President Name <b>DAVID HAINES</b>		Vice-President Name <b>CHERYL IANETTA</b>											
Street Address <b>P.O. BOX 1183</b>		Street Address											
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State <b>RI</b>									
Secretary Name <b>DAVID HAINES</b>		Treasurer Name <b>CHERYL IANETTA</b>											
Street Address <b>P.O. BOX 1183</b>		Street Address											
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State <b>RI</b>									
8. List ALL directors (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State <b>RI</b>									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State <b>RI</b>									
9. Shares Authorized		10. Shares Issued <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><b>600</b></td> <td style="text-align:center;"><b>CNP</b></td> <td style="text-align:center;"><b>0</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>600</b>	<b>CNP</b>	<b>0</b>			
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<b>600</b>	<b>CNP</b>	<b>0</b>											
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. <b>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.</b>													
Name of Authorized Representative <b>DAVID HAINES</b>			Date <b>3-6-24</b>										
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](http://www.sos.ri.gov)