

**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 26 2024
BY 439
BS

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 000920044		2. Exact name of the Corporation RIPTIDE SPORTS GRILL INC			
3. Principal Office Address 1 BAY ST			City TIVERTON	State RI	Zip 02878
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name BETHANY SHAKER			Vice-President Name STIME 1		
Street Address 123 WINTER AVE			Street Address		
City SOMERSET	State MA	Zip 02726	City	State	Zip
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 CORT B CHAPPELL			Director Name		
Street Address 171 CHASE RD, PO BOX 8			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		NO PAR VALUE	0
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 3/15/24
Signature of Authorized Representative BETHANY SHAKER					

MAIL TO:
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