

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.

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	ee il form is not filed by livray 31.							
1. Entity ID Number	2. Exact name of the Corporation							
000068695	Harriet's Kitchen, Inc.							
3. Principal Office Address	<u> </u>		City		State	Zip		
350 Atwood Ave		Cransi	ton	RI	02920			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
722511	Operate Restaurant							
5. State of Incorporation	1							
RI	<u> </u>			·				
7. List ALL officers (names and add President Name	lresses)		Iv: p:	Check	the box to indicate	an attachment		
Louis Calenda	is Calenda •		Vice-President Name Louis Calenda					
Street Address 1793 Atwood Ave		Street Address 1793 Atwood Ave						
Johnston Johnston	State RI	^{Zip} 02919	City Johnston		State RI	Z _{IP} 02919		
Secretary Name	•	Treasurer Na			ame			
Street Address		Street Address						
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ac	Idresses)		<u> </u>	Check	k the box to indicate	e an attachment 🖂		
Director Name			Director Na					
			<u> </u>					
Street Address		Street Address						
City	State	Zip	City		State	Zip		
Director Name		Director Name						
Street Address		Street Address						
City	State	Zip	City	<u> </u>	State	Zip		
9. Shares Authorized	<u>.</u>	10. Shares Issued Check the box to indicate an attac				e an attachment		
This information is currently of recor Department of State.	d in the							
<u> </u>		500		CNP	0			
Changes require an additional filing.								
11. This report must be executed or	n behalf of the c	orporation by an a	uthorized rep	resentative. If the	corporation is in the	ne hands of a re-		
ceiver or trustee, this report must be	e executed on b	ehalf of the corpor	ation by the	receiver or truster	₿.			
Under penalty of perjury, I declar statements, and that all statemen	nts contained h			rt, including any	accompanying so	hedules and		
Name of Authorized Representative					Date			
Louis Calenda					4-	25.24		
Signature of Authorized Representa	elive/							
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MAIL TO:
Division of Business Services
148 W. Ryer Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.n.gov