



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

MAY 02 2024

BY

2475

1. Entity ID Number 000005183		2. Exact name of the Corporation The Sandwich Hut, Inc.			
3. Principal Office Address 1253 North Main Street		City Providence		State RI	Zip 02904
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Preparation, manufacturing and distribution of food products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Denise Kammerer			Vice-President Name Don Kammerer		
Street Address 12 Meadow Glen Drive			Street Address 12 Meadow Glen Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Luke Kammerer			Treasurer Name Peter Kammerer		
Street Address 43 Benefit Street			Street Address 44 Hudson Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/STRIKES PAR VALUE		
			50 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 Peter Kammerer					Date 4/19/24
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov