

REC'D RIDOS BSD
24 AUG 22 11:50:31State of Rhode Island
Department of State - Business Services DivisionAnnual 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 000153097		2. Exact name of the Corporation WILLETT AVENUE SUBWAY, INC.												
3. Principal Office Address 1086 WILLETT AVENUE UNIT 1			City RIVERSIDE	State RI	Zip 02915									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island SALE OF SANDWICHES, CHIPS, AND SOFT DRINKS												
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 MARY ANN BRAGA			Vice-President Name JOSEPH BRAGA											
Street Address 17 JUNIPER HILL DRIVE			Street Address 17 JUNIPER HILL DRIVE											
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816									
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			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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
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="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8000</td> <td style="text-align: center;">STK</td> <td style="text-align: center;">\$0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	STK	\$0.0100			
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8000	STK	\$0.0100												
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 Bristen Braga				Date 8/22/24										
Signature of Authorized Representative Joseph Braga				FILED										

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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