



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 AUG 22 AM 11:51:02

STAMP

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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 <i>Kristen Braga</i>					Date 8/22/24
Signature of Authorized Representative <i>Joseph Braga</i>					FILED

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

AUG 22 2024

BY *[Signature]* FORM 630-R (Issued: 04/2023)