



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2013

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  
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 STA

1. Entity ID Number <b>000153097</b>		2. Exact name of the Corporation <b>WILLETT AVENUE SUBWAY, INC.</b>			
3. Principal Office Address <b>1086 WILLETT AVENUE UNIT 1</b>			City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE OF SANDWICHES, CHIPS, AND SOFT DRINKS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MARY ANN BRAGA</b>			Vice-President Name <b>JOSEPH BRAGA</b>		
Street Address <b>17 JUNIPER HILL DRIVE</b>			Street Address <b>17 JUNIPER HILL DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>8000</b>	<b>STK</b>	<b>\$0.0100</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <i>Kristen Braga</i>					Date <b>8/22/24</b>
Signature of Authorized Representative <i>Joseph Braga</i>					<b>FILED</b>

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

AUG 22 2024  
BY: *[Signature]*  
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Revised 04/2023