



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 30 2025

BY 17862

1. Entity ID Number 000120726		2. Exact name of the Corporation Eli's Restaurant, Inc.	
3. Principal Office Address Chapel Street, PO Box 15881		City Block Island	State RI
		Zip 02807	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Restaurant		
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 Bradford G. Marthens		Vice-President Name Rosemary Tobin	
Street Address PO Box 1788		Street Address PO Box 82	
City Block Island	State RI	Zip 02807	City Block Island
			State RI
			Zip 02807
Secretary Name Anne C. Marthens		Treasurer Name	
Street Address PO Box 1788		Street Address	
City Block Island	State RI	Zip 02807	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bradford G. Marthens		Director Name Rosemary Tobin	
Street Address PO Box 1788		Street Address PO Box 82	
City Block Island	State RI	Zip 02807	City Block Island
			State RI
			Zip 02807
Director Name Anne C. Marthens		Director Name	
Street Address PO Box 1788		Street Address	
City Block Island	State RI	Zip 02807	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
		100	Common
			PAR VALUE
			\$1.00 par val
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 Bradford G. Marthens			Date 1-27-25
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov