State of Rhode Island
Department of State - Business Services Division

FILED
JAN 30 2025
BY 17862

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.

1. Entity ID Number	2. Exact name of the Corporation		
000120726	Eli's Restaurant, Inc.		
3. Principal Office Address	City	State	Zip
Chapel Street, PO Box 15881	Block Island	RI	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 ☐

President Name	Street Address	City	State	Zip
Bradford G. Marthens	PO Box 1788	Block Island	RI	02807

Vice-President Name	Street Address	City	State	Zip
Rosemary Tobin	PO Box 82	Block Island	RI	02807

Secretary Name	Street Address	City	State	Zip
Anne C. Marthens	PO Box 1788	Block Island	RI	02807

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Bradford G. Marthens	PO Box 1788	Block Island	RI	02807

Director Name	Street Address	City	State	Zip
Rosemary Tobin	PO Box 82	Block Island	RI	02807

Director Name	Street Address	City	State	Zip
Anne C. Marthens	PO Box 1788	Block Island	RI	02807

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$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	Date
Bradford G. Marthens	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

FORM 630- Revised: 04/2023