



State of Rhode Island  
Department of State - Business Services Division

Annual 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.

RECEIVED  
DEPARTMENT OF STATE  
CORPORATIONS DIVISION

2025 JAN 24 PM 12:44

1. Entity ID Number 001737868		2. Exact name of the Corporation AMSTERDAM, INC.			
3. Principal Office Address 76 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name STEVEN DAVENPORT			Vice-President Name		
Street Address 593 GARDNER ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
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 STEVEN DAVENPORT			Director Name		
Street Address 593 GARDNER ROAD			Street Address		
City EXETER	State RI	Zip 02822	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.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 300	CLASS/SERIES CNP	PAR VALUE \$0	
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 STEVEN DAVENPORT				Date JANUARY 9, 2025	
Signature of Authorized Representative 					

FILED 10:30

1/20/25

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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BY EXEMF