State of Rhode Island Department of State - Business Services Division					FILED		
Annual Report for the year:					FEB 2 4, 2025		
Filing period: February 1 - May 1						7()	
Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number     2. Exact name of the Corporation							
0000 0 2/93 3. Principal Office Address	Bei		BAK	N, INCS	<u> </u>	-1	
200 TADUS:	TRIAL	DRIVE	1000	Don'th Field	State	02894	
NAICS Code     6. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation Last Lood Lastaurant							
Ne de							
7. List ALL officers (names and addr President Name	esses)	A	Ive D		to indicate an at	tachment 🗆	
MARC M. BRANCHAUD							
Street Address t AR 11 + BROW 1018				Street Address			
Me Cartle Fold	State D-	2ip 22896	City	•• •• • • • • • • • • • • • • • • • • •	State	Zip	
Secretary Name			Treasurer Name				
Street Address				Street Address			
Street Address			Streat Address				
City	State	Zip	City	<del></del>	State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name			Director Name				
Street Address				Street Address			
Siled Addiess			onear voness				
City	State	Ζiρ	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	· · · · · · · · · · · · · · · · · · ·	10. Shares Issue	<u> </u>	Chark the hor	k to indicate an a	tlachment 🗖	
This Information is currently of record	l in the	NUMBER OF SH		CLASS/SERIES	x to indicate an a	PAR VALUE	
Department of State.		U) lovinon			The have	1	
Changes require an additional filing.				U V V V V			
11. This speed must be supplied as	habelf of the						
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 [-28-2	15	
Signature of Authorities Signature of Authorities Signature of Authorities Signature							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ni.gov