



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.

FILED
STAMP
FEB 24 2025
BY 42920

1. Entity ID Number 000071943		2. Exact name of the Corporation The Red Parrot Inc.			
3. Principal Office Address 348 Thames Street		City Newport		State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Full service 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 Russell J. Dulac			Vice-President Name		
Street Address 387 Tuckerman Ave			Street Address		
City Middletown	State RI	Zip 02842	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			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 60	CLASS/SERIES STK	PAR VALUE No Par
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 Russell J. Dulac					Date 2/10/25
Signature of Authorized Representative <i>Russell J. Dulac</i>					

MAIL TO:

Division of Business Services

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