



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.

| | | | | | |
|--|--------------------|---|---|-------------------------------|----------------------------|
| 1. Entity ID Number 000509961 | | 2. Exact name of the Corporation The Frosted Mug, Inc. | | | |
| 3. Principal Office Address 594 Reservoir Avenue | | | City Cranston | State RI | Zip 02910 |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island Tavern and 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 Anthony L. Reis | | | Vice-President Name Anthony L. Reis | | |
| Street Address 594 Reservoir Avenue | | | Street Address 594 Reservoir Avenue | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| Secretary Name Anthony L. Reis | | | Treasurer Name Anthony L. Reis | | |
| Street Address 594 Reservoir Avenue | | | Street Address 594 Reservoir Avenue | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| 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 200 | CLASS/SERIES Common | 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 Anthony L. Reis | | | FILED MAR 04 2025 | | Date 3-2-25 |
| Signature of Authorized Representative | | | | | |