

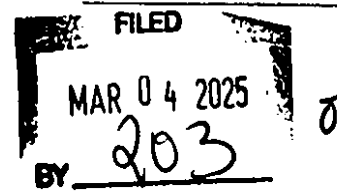


State of Rhode Island  
Department of State - Business Services Division

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 <b>1769531</b>		2. Exact name of the Corporation <b>The Comer Deli, Inc.</b>			
3. Principal Office Address <b>530 Tower Hill Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>722515</b>		6. Brief description of the character of business conducted in Rhode Island <b>A deli serving sandwiches.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Susan Osbrey</b>			Vice-President Name <b>Raymond G. Osbrey, III</b>		
Street Address <b>307 Plain Road</b>			Street Address <b>307 Plain Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Raymond G. Osbrey, III</b>			Treasurer Name <b>Susan Osbrey</b>		
Street Address <b>307 Plain Road</b>			Street Address <b>307 Plain Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Susan Osbrey</b>			Director Name <b>Raymond G. Osbrey, III</b>		
Street Address <b>307 Plain Road</b>			Street Address <b>307 Plain Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PUR VALUE <b>no par</b>
Changes require an additional filing.					
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. <i>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.</i>					
Name of Authorized Representative <b>Susan Osbrey</b>				Date <b>3-27-2025</b>	
Signature of Authorized Representative <i>Susan Osbrey</i>					

MAIL TO:  
Division of Business Services  
140 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023