

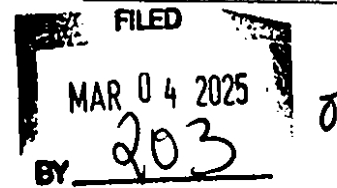


State of Rhode Island
Department of State - Business Services Division

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

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

FORM 630- Revised: 12/2023