



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 13 2025

BY

| | | | | | |
|--|--------------------|---|---|-------------------------------|----------------------------|
| 1. Entity ID Number 85787 | | 2. Exact name of the Corporation OLD MOUNTAIN LANES, INC. | | | |
| 3. Principal Office Address 756 KINGSTOWN ROAD | | | City WAKEFIELD | State RI | Zip 02883 |
| 4. NAICS Code 713950 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE, SELL AND OTHERWISE DISPOSE OF RESTAURANTS, INNS, TAVERNS, CAFES AND CAFETERIAS. | | | |
| 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 ROBERT L. TOTH | | | Vice-President Name ROBERT L. TOTH | | |
| Street Address 756 KINGSTOWN ROAD | | | Street Address 756 KINGSTOWN ROAD | | |
| City WAKEFIELD | State RI | Zip 02883 | City WAKEFIELD | State RI | Zip 02883 |
| Secretary Name ROBERT L. TOTH | | | Treasurer Name ROBERT L. TOTH | | |
| Street Address 756 KINGSTOWN ROAD | | | Street Address 756 KINGSTOWN ROAD | | |
| City WAKEFIELD | State RI | Zip 02883 | City WAKEFIELD | State RI | Zip 02883 |
| 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 | | | | | |
| 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 100 | CLASS/SERIES COMMON | PAR VALUE \$0.00 |
| 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 ROBERT L. TOTH | | | | Date 3/7/25 | |
| Signature of Authorized Representative | | | | | |