



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

MAR 14 2025

BY

1. Entity ID Number 000083183		2. Exact name of the Corporation GOOD FRIENDS, INC.			
3. Principal Office Address 548 LONSDALE AVENUE			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING REAL ESTATE/BAR LOUNGE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MARIA M. LAMAS			Vice-President Name N/A		
Street Address 546 LONSDALE AVENUE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name MARIA M. LAMAS			Treasurer Name MARIA M. LAMAS		
Street Address 546 LONSDALE AVENUE			Street Address 546 LONSDALE AVENUE		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name MARIA M. LAMAS			Director Name N/A		
Street Address 546 LONSDALE AVENUE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Director Name N/A			Director Name N/A		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 SHARES	COMMON	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. <b>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.</b>					
Name of Authorized Representative MARIA M. LAMAS				Date 3-12-25	
Signature of Authorized Representative <i>Maria M. Lamas</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov