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State of Rhode Island
Department of State - Business Services Division

FILED
APR 04 2025
BY 300

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	2. Exact name of the Corporation		
001747423	Timberline Restaurant Group, Inc.		
3. Principal Office Address	City	State	Zip
200 Exchange Street, Unit 516	Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	To own and operate a restaurant		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Raymond Leung	2 Williams Street	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Mihir Shah	2 Williams Street	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Raymond Leung	2 Williams Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Mihir Shah	2 Williams Street	Providence	RI	02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	2000	Common	No Par Value

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	Date
Ray Leung	3/28/25
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023