

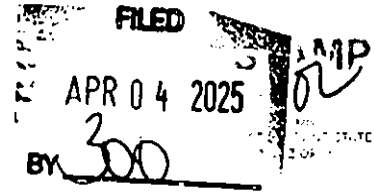


State of Rhode Island
Department of State - Business Services Division

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 001747423		2. Exact name of the Corporation Timberline Restaurant Group, Inc.	
3. Principal Office Address 200 Exchange Street, Unit 516		City Providence	State RI
		Zip 02903	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island 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 Raymond Leung		Vice-President Name Mihir Shah	
Street Address 2 Williams Street		Street Address 2 Williams Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Raymond Leung		Treasurer Name Mihir Shah	
Street Address 2 Williams Street		Street Address 2 Williams Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		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 Ray Leung			Date 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