



**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.

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1. Entity ID Number <b>001734844</b>		2. Exact name of the Corporation <b>Bethys Restaurant <del>LLC</del> INC</b>	
3. Principal Office Address <b>1131 Charles St.</b>		City <b>North Prov</b>	State <b>RI</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fast Food Diner</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Rafael Brumete</b>		Vice-President Name	
Street Address <b>577 First Hill Ave</b>		Street Address	
City <b>North Prov</b>	State <b>RI</b>	Zip <b>02911</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>0.100</b>	
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 		Date <b>4/8/25</b>	
Signature of Authorized Representative			

**FILED**

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