State of Rhode Island
Department of State - Business Services Division

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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
000011657	Eat or Out, Inc.

3. Principal Office Address	City	State	Zip
25 Bridge Street	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722410	own real estate
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
Eben Bates	25 Bridge Street	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Joshua Miller	25 Bridge Street	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Eben Bates	25 Bridge Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Joshua Miller	25 Bridge 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
Eben Bates	25 Bridge Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Joshua Miller	25 Bridge Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$1.00

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	Date
EBEN BATES	3/27/25

Signature of Authorized Representative

EBEN BATES

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

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