RI SOS Filing Number: 202573163560 Date: 5/16/2025 10:52:00 AM

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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	2. Exact name of the Corporation
000080833	CINDY'S DINER & RESTUARANT, INC.

3. Principal Office Address	City	State	Zip
46 HARTFORD AVENUE	NORTH SCITUATE	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	TO OWN, MANAGE, AND OTHERWISE 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	Vice-President Name
CAROL E. OLNEY	
Street Address: 34 POLE BRIDGE ROAD	Street Address:
City: NORTH SCITUATE, State: RI, Zip: 02857	City: , State: , Zip:
Secretary Name: CAROL E. OLNEY	Treasurer Name: CAROL E. OLNEY
Street Address: 34 POLE BRIDGE ROAD	Street Address: 34 POLE BRIDGE ROAD
City: NORTH SCITUATE, State: RI, Zip: 02857	City: NORTH SCITUATE, State: RI, Zip: 02857

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

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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
	200 issued	CNP	0.00
	600 authorized		

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
Robert J. Civetti, CPA	5/15/2025

Signature of Authorized Representative

Robert J Civetti

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

FILED
MAY 16 2025
BY Q454M

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FORM 630- Revised 12/2023