RI SOS Filing Number: 202573163470 Date: 5/16/2025 10:51:00 AM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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: 722511	6. Brief description of the character of business conducted in Rhode Island: 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: CAROL E. OLNEY			Vice-President Name:		
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

FILED
MAY 16 2025
10:51
BY QLSym

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