



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.

REC'D RSDS BSD
25 MAY 30 PM 3:38:27
STAMP
FOR
CLERK OF STATE
USE ONLY

1. Entity ID Number 000104561		2. Exact name of the Corporation GEOFF'S RESTAURANT, INC			
3. Principal Office Address 401 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN PROVIDED RETAIL FOOD AND BEVERAGE SERVICES, INCLUDING BUT NOT LIMITED TO THE OWNERSHIP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JULIO FONSECA			Vice-President Name JULIO FONSECA		
Street Address 102 BURNSIDE AVE			Street Address 102 BURNSIDE AVE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name JULIO FONSECA			Treasurer Name JULIO FONSECA		
Street Address 102 BURNSIDE AVE			Street Address 102 BURNSIDE AVE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$0.000
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 Julio C. Fonseca				Date 5/30/25	
Signature of Authorized Representative <i>Julio C. Fonseca</i>				FILED	

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

MAY 30 2025

BY WLS 2861

FORM 630- Revised: 12/2023