RI SOS Filing Number: 202576410580 Date: 6/27/2025 4:00:00 PM State of Rhode Island NO TAMP **Department of State - Business Services Division** 025 Annual Report for the year: 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 3. Principal Office Address State Zip 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 25111 Restauran State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name AMV Street Address Street Address City State Zip Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 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 NUMBER OF SHARES CLASS/SERIES Department of State. 00 Changes require an additional filing. 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 FILED Date

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MAIL TO: Division of Business Services

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