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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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
RIDGERS
JUL 17 AM 9:54:21

1. Entity ID Number 001095464		2. Exact name of the Corporation FLAMES RESTAURANT INC												
3. Principal Office Address 734 EDDY STREET			City PROVIDENCE	State RI	Zip 02903									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island RESTAURANT - TAKEOUT - TITLE: 7-1.2-1701												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name LINVAL CHAMBERS			Vice-President Name											
Street Address 663 MORTON STREET			Street Address											
City MATTAPAN	State MA	Zip 02126	City	State	Zip									
Secretary Name LINVAL CHAMBERS			Treasurer Name											
Street Address 663 MORTON STREET			Street Address											
City MATTAPAN	State MA	Zip 02126	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name LINVAL CHAMBERS			Director Name											
Street Address 663 MORTON STREET			Street Address											
City MATTAPAN	State RI	Zip 02126	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	0.01			
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1000	COMMON	0.01												
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 LINVAL CHAMBERS				Date 07/16/2025/16/2025										
Signature of Authorized Representative				DocuSigned by: B6DC7A71FC3D4A5										

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 9:57 A
JUL 17 2025

BY PTZNF

FORM 630- Revised 12/2023