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FOR SECRETARY OF STATE'S OFFICE ONLY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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
001095464	FLAMES RESTAURANT INC

3. Principal Office Address	City	State	Zip
734 EDDY STREET	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
LINVAL CHAMBERS	07/16/2025 7/16/2025

Signature of Authorized Representative: DocuSigned by: [signature] B60C7A717C4D4A8

FILED 956A

JUL 17 2025

BY PTZNF

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