RI SOS Filing Number: 202577112870 Date: 7/22/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 22 A 10:17

1. Entity ID Number	2. Exact name of the Corporation
1670100	5702 Post Road Corp.

3. Principal Office Address	City	State	Zip
5702 Post Road	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	Full Service Restaurant
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Linda A. Fraunfelter			Vice-President Name		
Street Address: 277 Shore Acres Avenue			Street Address		
City: North Kingstown	State: RI	Zip: 02818	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: Linda A. Fraunfelter			Director Name		
Street Address: 277 Shore Acres Avenue			Street Address		
City: North Kingstown	State: RI	Zip: 02818	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
	1,000,000	CWP	1.00

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
Linda A. Fraunfelter	7-1-2025

Signature of Authorized Representative: Linda A. Fraunfelter

FILED
JUL 22 2025
BY 4388 AM

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