



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 RIDOS BSD
25 AUG 20 PM 2:13:18

1. Entity ID Number 000013315		2. Exact name of the Corporation Gulliver's Tavern, Incorporated												
3. Principal Office Address 318 Chalkstone Avenue			City Providence	State RI	Zip 02908									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Owning and controlling land or business												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Patricia Tsoumas			Vice-President Name											
Street Address 17 Buck Knoll Road			Street Address											
City Raynham	State MA	Zip 02767	City	State	Zip									
Secretary Name Patricia Tsoumas			Treasurer Name Patricia Tsoumas											
Street Address 17 Buck Knoll Road			Street Address 17 Buck Knoll Road											
City Raynham	State MA	Zip 02767	City Raynham	State MA	Zip 02767									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Patricia Tsoumas			Director Name Dawn Taffurelli											
Street Address 17 Buck Knoll Road			Street Address 11773 Maidstone Drive											
City Raynham	State MA	Zip 02767	City Wellington	State FL	Zip 33414									
Director Name Lori Savickas			Director Name											
Street Address 124 Fox Hollow Road			Street Address											
City North Kingstown	State RI	Zip 02852	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 <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00			
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200	CNP	0.00												
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 Patricia Tsoumas				Date 8/12/2025										
Signature of Authorized Representative Patricia Tsoumas														

FILED

AUG 20 2025

BY 19013