RI SOS Filing Number: 202578139560 Date: 9/12/2025 4:00:00 PM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 SEP 12 A 9:51

1. Entity ID Number	2. Exact name of the Corporation		
000506263	Village Restaurant Inc		
3. Principal Office Address	City	State	Zip
200 Main St	Pawt	RI	02860
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			Vice-President Name		
Oluwatoyin Wilcox			Oluwatoyin Wilcox		
Street Address			Street Address		
200 Main St			200 Main St		
City	State	Zip	City	State	Zip
Pawt	RI	02860	Pawt	RI	02860
Secretary Name			Treasurer Name		
Street Address			Street Address		
Same			Same		
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
N/A			N/A		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1	CAP	0

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
OLUWATOYIN WILCOX	9/5/25
Signature of Authorized Representative	
	FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 12 2025
BY 2985
EG

FORM 630- Revised 12/2023