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.

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BUS SVCS DIV
2025 SEP 12 A 9:51

1. Entity ID Number	2. Exact name of the Corporation		
0005062G3	Village Restaurant Inc		
3. Principal Office Address	City	State	Zip
200 Main St	Pawt	RI	02860
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: 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: 200 Main St	Street Address: 200 Main St
City: Pawt / State: RI / Zip: 02860	City: Pawt / State: RI / Zip: 02860
Secretary Name	Treasurer Name
Street Address: Same	Street Address: 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: N/A / State / Zip	City: N/A / 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	CNP	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
SEP 12 2025
BY 2985
EG

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