



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
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 REG. FIRM. STATE
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1. Entity ID Number 001715551		2. Exact name of the Corporation The Rhode Island Restaurant Cooperative - Inc			
3. Principal Office Address 326 Bullicks Pt Ave		City Riverside		State RI	Zip 02915
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Restaurant Advocacy Organization.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Buarrri Miller			Vice-President Name		
Street Address 64 Channing Ave			Street Address		
City Riverside	State RI	Zip 02915	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 <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1		10. Shares Issued 1 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1		.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 Buarrri J. Miller				Date 6-1-2021	
Signature of Authorized Representative 				FILED	

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