



Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

STAMP
 MAR 11 2022

BY Suzanne OS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 22745		2. Exact name of the Corporation Jack's Family Restaurant			
3. Principal Office Address 294 Child Street			City Warren	State RI	Zip 02885
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant and food services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Gomes			Vice-President Name Maria Gomes		
Street Address c/o 294 Child Street			Street Address c/o 294 Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Maria Gomes			Treasurer Name Maria Gomes		
Street Address c/o 294 Child Street			Street Address c/o 294 Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name Maria Gomes		
Street Address			Street Address c/o 294 Child Street		
City	State	Zip	City Warren	State RI	Zip 02885
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			300	Common	No Par
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 Maria Gomes, President				Date 3/1/2022	
Signature of Authorized Representative <i>Maria Gomes, President</i>					