| State of Rhode Island No Fee | | | | | | |
|--|--|--|--|--|--|--|
| Office of the Secretary of State | | | | | | |
| Division Of Business Services | | | | | | |
| 148 W. River Street | | | | | | |
| Providence RI 02904-2615 (401) 222-3040 | | | | | | |
| Business Corporation | | | | | | |
| Annual Report - Amended | | | | | | |
| Filing Period: February 1 - May 1 | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to | | | | | | |
| file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | | | | | | |
| This form is only to be used to amend the current annual report on file with this office. | | | | | | |
| ANNUAL REPORT YEAR: 2023 | | | | | | |
| 1. Corporate ID No. 000034846 | | | | | | |
| | | | | | | |
| 2. Name of Corporation Rocky Point Chowder House, Inc. | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | |
| No. and Street: <u>359 BOYLSTON STREET</u> | | | | | | |
| City or Town:BOSTONState: MAZip: 02116Country: USA | | | | | | |
| 4. Business Phone No. | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. State of Incorporation | | | | | | |
| State: <u>RI</u> | | | | | | |
| NAICS CODE | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | |
| <u>722511</u> | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | |
| | | | | | | |
| CONDUCT AND OPERATE RESTAURANTS | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Coun | | |
|-----------|--|---|--|--|
| PRESIDENT | HENRY D VARA III | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |
| TREASURER | HENRY D VARA III | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |
| SECRETARY | HOLLI P VARA | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |
| DIRECTOR | CHRISTIAN D VARA | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |
| DIRECTOR | HOLLI P VARA | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |
| DIRECTOR | HENRY D VARA III | 359 BOYLSTON STREET BOSTON, MA 02116 USA | | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares | Num of |
|----------------|-----------------|------------------------|----------------------------|--------|
| | | | Number of Shares | Shares |
| STK | | \$1.0000 | 8,000.00 | 200 |

9. 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.

Signed this 18 Day of September, 2023 at 3:30:56 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LLOYD R. GARIEPY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 18, 2023 03:30 PM

Areg M. Couve

Gregg M. Amore Secretary of State

