



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED STAMP
FEB 22 2024
 BY *[Signature]*

1. Entity ID Number 22745		2. Exact name of the Corporation Jack's Family Restaurant, Inc.			
3. Principal Office Address 294 Child Street			City Warren	State RI	Zip 02885
4 NAICS Code 72 2511		6. Brief description of the character of business conducted in Rhode Island Restaurant and Food Services			
5 State of Incorporation RI					
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			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 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	CLASS/SERIES	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 2-13-2024
Signature of Authorized Representative <i>Maria Gomes, President</i>					

MAIL TO:
 Division of Business Services
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