

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 853398

1. Entity Name
PARAMOUNT RESTAURANT SUPPLY CORP.



Principal Place of Business
101 MAIN STREET
WARREN, RI 02885 US

Mailing Address
101 MAIN STREET
WARREN, RI 02885 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0245699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
FRIEDMAN, DAVID
8 WOODLAND TERRACE
PROVIDENCE, RI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
O'DONNELL, ROBERT
28 CEDAR POND DRIVE
WARWICK, RI 02886

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDT
NAHIGIAN, LEON
144 RANGELEY ROAD
CRANSTON, RI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCGARRY, STEPHEN
29 SAMUEL GORTON AVE
WARWICK, RI 02889

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PIMENTAL, SUSAN
140 LUCY LANE
SOMERSET, MA 02726

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000008939
01/20/04-80083-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04

Date

401-247-5200

Daytime Phone #