



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. <b>11331</b>		2. Name of Corporation <b>TOWN PUB, INC.</b>		
3. Street Address Principal Business Office <b>311 TAUNTON AVE</b>		City <b>E. PROV</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>401-438-7065</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>EATING AND DRINKING ESTABLISHMENT</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>FRANCIS R. HARNEDY</b>		Vice President Name <b>LAURA M HARNEDY</b>		
Street Address <b>26 INDIAN RD P.O. BOX 466</b>		Street Address <b>14 ELLIS ST</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>RUMFORD</b>	State <b>RI</b>
Secretary Name <b>LAURA M HARNEDY</b>		Treasurer Name <b>FRANCIS R. HARNEDY</b>		
Street Address <b>14 ELLIS ST</b>		Street Address <b>26 INDIAN RD P.O. BOX 466</b>		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Little Compton</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>FRANCIS R. HARNEDY</b>		Director Name <b>LAURA M HARNEDY</b>		
Street Address <b>26 INDIAN RD P.O. BOX 466</b>		Street Address <b>14 ELLIS ST</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>RUMFORD</b>	State <b>RI</b>
Director Name <b>LAURA M HARNEDY</b>		Director Name <b>FRANCIS R. HARNEDY</b>		
Street Address <b>14 ELLIS ST</b>		Street Address <b>26 INDIAN RD P.O. BOX 466</b>		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Little Compton</b>	State <b>RI</b>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares <b>600 COMM NO PAR VALUE</b>	Class/Series	Par Value	Number of Shares <b>200</b>	Class/Series <b>COMM</b>
			Par Value <b>NO PAR</b>	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				

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.



File Date **NOV 29 2007**  
Check No. **043297**  
By: **LAURA M HARNEDY**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature **LAURA M HARNEDY** Date **11-29-07**  
Print or Type Name  
**U. PRES**  
Title