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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: January 1 - March 1 • Filing Fee: $50.00* ***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.	2. Name of Corporation			
149246	The Village Idiot INC			
3. Street Address Principal Business Office		City	State	Zip
941 West Shore Road		WARWICK	RI	02889
4. Business Phone No.	5. State of Incorporation			
401-641-7609	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Tavern

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Kelcey Marks		Vice President Name	James Sullivan	
Street Address	849 Middle Bridge Rd		Street Address	109 Vineyard	
City	Wakefield	State RI Zip	City	WARWICK	State RI Zip 02889
Secretary Name	John Doherty		Treasurer Name		
Street Address	342 East Ave		Street Address		
City	Pawtucket	State RI Zip 02860	City		State Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City		State Zip	City		State Zip
Director Name			Director Name		
Street Address			Street Address		
City		State Zip	City		State Zip

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9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000	STK	.01	NONE	NONE	NONE

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.

[redacted]

FILED
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By AMF
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File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — Date 12-10-07
John Doherty
Print or Type Name
Secretary
Title

Form 630 Rev. 08/06