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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.	2. Name of Corporation			
162175	Pourhouse, Inc.			
3. Street Address Principal Business Office		City	State	Zip
653 NORTH MAIN STREET		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			
4012779822	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island: Microbrewery / Tavern / Restaurant / Entertainment.

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

President Name	Street Address	City	State	Zip
ANTHONY L. TORRES	2010 Bruckner Blvd. Apt. 15B	Bronx	NY	10473

Vice President Name	Street Address	City	State	Zip
ANTHONY L. TORRES	2010 Bruckner Blvd. Apt 15B	Bronx	NY	10473

Secretary Name	Street Address	City	State	Zip
ANTHONY L. TORRES	2010 Bruckner Blvd Apt 15B	Bronx	NY	10473

Treasurer Name	Street Address	City	State	Zip
ANTHONY L. TORRES	2010 Bruckner Blvd Apt 15B	Bronx	NY	10473

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

Director Name	Street Address	City	State	Zip
ANTHONY L. TORRES	2010 Bruckner Blvd Apt 15B	Bronx	NY	10473

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
30000000	COMMON	$.01 PAR VALUE

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
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] [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* 1/28/08

ANTHONY L. TORRES
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 20 2008
By DS-1991

FOR SECRETARY OF STATE USE ONLY

20862-3-235010

Form 630 Rev. 12/06