



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

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000039156

**2. Name of Corporation** Lake Mishnock Grove, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 200 MISHNOCK ROAD

City or Town: WEST GREENWICH

State: RI

Zip: 02817

Country: USA

**4. Business Phone No.**

401/397-3505

**5. State of Incorporation**

State: RI

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

OPERATION OF A NIGHTCLUB and RESTURANT OPERATION OF ENTERTAINMENT AND RECREATIONAL FACILITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | DANIEL ALBRO  | 75 LAKE DRIVE<br>WEST GREENWICH, RI 02811 USA                     |
| TREASURER      | KELLY ALBRO   | 45 LAKE DRIVE<br>WEST GREENWICH, RI 02817 USA                     |
| SECRETARY      | MARIL CAPPELLI  | FAIRVIEW AVE<br>COVENTRY , RI 02816 USA                           |
| VICE PRESIDENT | DANIEL ALBRO  | 45 LAKE DRIVE<br>WEST GREENWICH, RI 02817 USA                     |

### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.00              | 600.00   | 600  |

**9. 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.**

**Signed this 6 Day of January, 2009 at 10:34:10 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY ALBRO  
Signature of Authorized Representative of the Corporation

TREASURER  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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