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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 2009

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			
153518	THE POUR PEOPLE, INC.			
3. Street Address Principal Business Office		City	State	Zip
34 VANICEK AVENUE		MIDDLETOWN	RI	02842
4. Business Phone No.	5. State of Incorporation			
401-619-1060	R.I.			

6. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDES BAR TENDERS TO CATERERS + PRIVATE PARTIES

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

President Name: DEBRA J. WYATT	Vice President Name: DEBRA J. WYATT
Street Address: 34 VANICEK AVE.	Street Address: SAME
City: MIDDLETOWN State: RI Zip: 02842	City: — State: — Zip: —
Secretary Name: DEBRA J. WYATT	Treasurer Name: DEBRA J. WYATT
Street Address: SAME	Street Address: SAME
City: — State: — Zip: —	City: — State: — Zip: —

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

Director Name: DEBRA J. WYATT	Director Name:
Street Address: 34 VANICEK AVE.	Street Address: —
City: MIDDLETOWN State: RI Zip: 02840	City: — State: — Zip: —
Director Name: NONE FURTHER	Director Name: —
Street Address: —	Street Address: —
City: — State: — Zip: —	City: — State: — Zip: —

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

AUTHORIZED SHARES

Number of Shares	Class Series	Par Value
100	COMMON	~~0.00~~ 0.01
—		

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

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	COMMON	0.01
—	—	—

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.

X [signature] 2/9/09
Signature *Date*

DEBRA J. WYATT
Print or Type Name

[redacted] PRESIDENT, SECRETARY & TREASURER
Title

File Date	2-23-09
Check No.	2026
By:	MMC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

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