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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		
66922	PATRICK'S Pub & C		
3. Street Address Principal Business Office	City	State	Zip
381 South St	Providence	RI	02908
4. Business Phone No.	5. State of Incorporation		
401 751-1553	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Pub & Restaurant

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

President Name	Street Address	City	State	Zip
PATRICK T. GRIFFIN	52 LaSalle DR	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
PATRICK T. GRIFFIN	52 LaSalle Drive	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Patrick T. Griffin	52 LaSalle Dr.	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
PATRICK T. GRIFFIN	52 LaSalle Dr	Providence	RI	02903

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

Director Name	Street Address	City	State	Zip
PATRICK T. GRIFFIN	52 LaSalle Dr	Providence	RI	02908

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
400

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
400		0

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: 10/13/09

Print or Type Name: PATRICK T. GRIFFIN

Title: PRESIDENT

File Date: FILED
Check No. OCT 13 2009
By: By 101074
FOR SECRETARY OF STATE USE ONLY

2009 OCT 13 PM 1:25

[redacted]

39050-1-428847

Form 630 Rev. 08/08