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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 2010

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			
106896	DAVENPORT'S BAR & GRILL. INC			
3. Street Address Principal Business Office 1925 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401-435-8054	5. State of Incorporation RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION OF FAMILY STYLE RESTAURANT

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

President Name GREGG P. DAVENPORT			Vice President Name GREGG P. DAVENPORT		
Street Address 4 FRANCONIA DRIVE			Street Address 4 FRANCONIA DRIVE		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name GREGG P. DAVENPORT			Treasurer Name GREGG P. DAVENPORT		
Street Address 4 FRANCONIA DRIVE			Street Address 4 FRANCONIA DRIVE		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830

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

Director Name GREGG P. DAVENPORT			Director Name NONE		
Street Address 4 FRANCONIA DRIVE			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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]

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.

Gregg P Davenport 2/4/10
Signature *Date*

GREGG P. DAVENPORT
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	FEB 08 2010
By:	By 1435

FOR SECRETARY OF STATE USE ONLY

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Form 630 Rev. 08/08