



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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 22731		2. Name of Corporation JACK'S BAR INC			
3. Street Address Principal Business Office 187 WATER STREET		City WARREN	State RI	Zip 02885	
4. Business Phone No. 401-247-0566		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF ALCOHOLIC BEVERAGES AT TAVERN					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STANLEY A. FAFARA JR.		Vice President Name STANLEY A. FAFARA JR.			
Street Address 7 HIGHVIEW AVENUE		Street Address 7 HIGHVIEW AVENUE			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name STANLEY A. FAFARA JR.		Treasurer Name STANLEY A. FAFARA JR.			
Street Address 7 HIGHVIEW AVENUE		Street Address 7 HIGHVIEW AVENUE			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 100	Class/Series NO CLASS	Par Value 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.

FILED

File Date **MAR 09 2010**

Check No. **BY 1880**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stanley A. Fafara Jr. 3/3/10
Signature Date
STANLEY A. FAFARA JR.
Print or Type Name
PRESIDENT
Title