

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. 7-1.2-150).

subject to a penalty fee of \$25.			arawai report within thirty (30) d	ays after the time prescribed by i	law (R.I.G.L. 7-1.2-1501(c&d,
1. Corporate ID No. 34640	THE BEI	2. Name of Corporation THE BEER MUG, INC.			
3. Street Address Principal Business Office 960 Mendon Road			City Cumberland	State RI	7ip 02864
401 334-3395 RHODE		5. State of Incorporation RHODE ISLAND	ation		
6. Brief Description of the Cha To operate a bar busir	wacter of Business Com ness; hold an alco	ducted in Rhode Island hol beverage license.			
		FICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES REPORT HEISTO	47774 0771 57477
President Name William King			Vice President Name William King	DINGLO BEFORE COING	ATTACHMENTS
Street Address 268 Abbott Run Valley Road			Street Address 268 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	Cumberland	State RI	Zip
Secretary Name William King			Treasurer Name William King		02895
Street Address			Street Address		
268 Abbott Run Valley Road			268 Abbott Run Valley Road		
Cumberland	State RI	^{Zip} 02895	City Cumberland	State RI	<i>Zip</i> 02895
Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
William King			Director Name William King		
Street Address			Street Address		
8 Abbott Run Valley Road State Zip			268 Abbott Run Valley Road		
Cumberland Director Name	RI	02895	Cumberland	State RI	Zip
None			Director Name None		
treet Address			Street Address		
Жұ	State	Zip	CHy	State	Zip
. SHARES AUTHORIZE	p		10. SHARES ISSUED ISSUED SHARES — THIS SEC	("X" BOX FOR ATTACK	-
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
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his report must be execu	ited on behalf of t	he corporation by an authorize	d representative. If the co	rnoration is in the hands	of a receive
us report must be execu	ted on behalf of th	e corporation by the receiver	or trustee.	sportation is in the hands	of a receiver or trustee,
			••		
		·	Under penalty of per including any accon	rjury. I declare and affirm th panying schedules and state	at I have examined this report of the statements, and that all statements
ile Date FILED			Contained herein are	true and correct.	,
			Signature	teng	5/4/10
heck NoMAY 1 0 201	9		Signature	V	Date
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FOR SECRETARY OF	STATE USE ONLY		<u>IRES</u> Tule	<u>-</u>	
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