



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 2011**

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. 64127		2. Name of Corporation NEWPORT PLAYHOUSE and CABARET RESTAURANT INC.	
3. Street Address Principal Business Office 62 TAUNTON AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
4. Business Phone No. (401) 434-2235		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island Theatrical presentations and service of food and beverage.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ( "X" BOX FOR ATTACHMENT ) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JONATHAN PERRY		Vice President Name JONATHAN PERRY	
Street Address P.O. BOX 451		Street Address P.O. BOX 451	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
Secretary Name JONATHAN PERRY		Treasurer Name JONATHAN PERRY	
Street Address P.O. BOX 451		Street Address P.O. BOX 451	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ( "X" BOX FOR ATTACHMENT ) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JONATHAN PERRY		Director Name	
Street Address P.O. BOX 451		Street Address	
City NEWPORT	State RI	City	State
Zip 02840		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 500		10. SHARES ISSUED ( "X" BOX FOR ATTACHMENT ) <input checked="" type="checkbox"/> 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 500	Class/Series COMMON
		Value NO PAR	

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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.

File Date **FILED**  
 Check No. **MAR 21 2011**  
 By: **140492**  
 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.

Signature Date 3/14/11

JONATHAN PERRY  
Print or Type Name

President  
Title