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.	2. Name of Corporation
162175	POURHOUSE, INC.

3. Street Address Principal Business Office	City	State	Zip
653 NORTH MAIN STREET	PROVIDENCE	RI	02906

4. Business Phone No.	5. State of Incorporation
4012779822	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
MICROBREWERY/TAVERN/RESTAURANT/ENTERTAINMENT

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

President Name	Vice President Name
ANTHONY L. TORRES	ANTHONY L. TORRES
Street Address: 2010 BRUCKNER BLVD APT 15B	Street Address: 2010 BRUCKNER BLVD APT 15B
City: BRONX, State: NY, Zip: 10473	City: BRONX, State: NY, Zip: 10473
Secretary Name: ANTHONY L. TORRES	Treasurer Name: ANTHONY L. TORRES
Street Address: 2010 BRUCKNER BLVD APT 15B	Street Address: 2010 BRUCKNER BLVD APT 15B
City: BRONX, State: NY, Zip: 10473	City: BRONX, State: NY, Zip: 10473

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

Director Name	Director Name
ANTHONY L. TORRES	NONE
Street Address: 2010 BRUCKNER BLVD APT 15B	Street Address:
City: BRONX, State: NY, Zip: 10473	City:, State:, Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City:, State:, Zip:	City:, State:, Zip:

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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
NONE		

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]

FILED
File Date APR 0 1 2011
Check No. 2576
By BY
FOR SECRETARY OF STATE USE ONLY

[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* 3/1/11

ANTHONY L. TORRES
Print or Type Name

PRESIDENT
Title